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S. HRG. 103-597

MEETING THE NEEDS OF HOMELESS VETERANS

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Meeting the Needs of Homeless Veter...

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS UNITED STATES SENATE

ONE HUNDRED THIRD CONGRESS

SECOND SESSION

FEBRUARY 23, 1994

Printed for the use of the Committee on Veterans' Affairs

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MEETING THE NEEDS OF HOMELESS VETERANS

WEDNESDAY, FEBRUARY 23, 1994

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS
Washington, DC.

The Committee met, pursuant to notice, at 10:04 a.m. in room SR–418, Russell Senate Office Building, Hon. John D. Rockefeller IV (Chairman of the Committee) presiding.

Present: Senators Rockefeller, Akaka, and Thurmond.

Also present (staff): Jim Gottlieb, Chief Counsel/Staff Director; John Moseman, Minority Staff Director/Chief Counsel; and Charles C. Yoder, Minority Deputy Staff Director.

OPENING STATEMENT OF CHAIRMAN ROCKEFELLER

Chairman ROCKEFELLER. Good morning, everyone. I welcome you to today's hearing on homeless veterans. This is the third that we've had. There is obviously a growing interest in this problem. What will be done about it and how far that interest will take us, obviously, is what people are watching.

The very thought of a veteran wandering the streets, sleeping on grates, having to beg for handouts—a veteran who might have served in combat, a veteran who might suffer from mental illness or drug addiction—is more than very troubling. The thought that a veteran—despite training in the military, an opportunity to receive VA medical care, benefits, and support—could end up homeless is really very hard to imagine in this country. Even harder to imagine is that this is the predicament of so many hundreds of thousands of veterans.

You have all heard the estimates: On any given night, up to 250,000 veterans—one-third of the homeless—are on the street or in homeless shelters, and the numbers could, of course, be much higher.

When I chaired this Committee's last hearing on homeless veterans, which was 2 years ago, the estimates were exactly as high, which makes me wonder if the figures aren't higher than reported. That is extraordinary. That is outrageous. I returned last night late from 2 days in Taiwan, and I saw no homeless people of any sort there. That is a country of 21 million, which has been through rigors certainly as hard or more difficult than this country. I saw no homeless people at all over there—none at all. But we have homeless in America because evidently we allow that in our value system.

When I chaired the Committee's last hearing, I probably said we have to do better. And here we are 2 years later. Does this mean better programs? Does this mean more funding? Does this mean better coordination? More attention? Are we driven in this country only by the amount of attention that is paid to issues by the media as opposed to what lies on our consciences? Is it fear of the issue? Is it fear of trying? Is it fear of the people? Is it fear of failing? Is it shame? In a time of declining Federal budgets, can we expect more Federal money?

I note with interest—and with appreciation—that Jesse Brown's original testimony was somewhat more caustic than the testimony submitted today, because I think it reflected more genuinely Jesse Brown, the man that I know. This testimony was slimmed down by the Office of Management and Budget, a charming habit that we have in this country, in our Government. But I know what Jesse Brown thinks. I know what he feels. I know it as well as I am looking at him. I know that he is not happy and that what he says today is not all of what he feels.

So these are the sorts of questions that we must wrestle with today, and in the weeks and the months ahead, and probably in the years ahead. As always, we say that it will take years, and it will.

We owe an enormous debt of gratitude to the men and women who have served in the armed services and kept our country safe and secure. That may be part of our fear—seeing our own images in the mirror—when we pass people who are homeless and know that one-third of them are veterans. What we owe in return for their sacrifices, at the minimum, is safety and security from being homeless. But we are not doing that.

Homeless veterans are in desperate need not only of affordable housing and job skills, but frequently, treatment for substance abuse and mental illnesses. In some cases, the reasons veterans become homeless are closely linked to their military service; for example, post-traumatic stress disorder, which we have now found can go all the way back to the Second World War, as well as the wars between then and now. Service-connected disabilities, economic hardship, missed opportunities from being in the service, lack of job skills—all can cause homelessness. People gave up their lives, so to speak, to join the service and then couldn't come back into American life easily and comfortably, and some of those folks we may pass every night. We know where they live; we are accustomed to the places in this capital city of the United States of America where they are. We all know that. We avert our eyes as we drive by—or whatever our personal reactions might be—but they are there.

There is a wide array of problems that demands a wide array of services. I feel very strongly that, while VA has a special obligation to assist homeless veterans, it cannot do that all by itself. The General Accounting Office conducted very extensive research into VA homeless programs and is releasing its findings to the public for the first time today. GAO has concluded, and I think correctly so, that the demand for services from homeless veterans far exceeds VA's capacity to meet that demand. That does not mean that we're not part of the solution, but we cannot be all of the solution.

The Department of Labor has expertise in job training; HUD, in providing housing; VA, in providing health care and benefits. Nonprofit organizations are better equipped, interestingly, than we in government, to provide emergency shelter, food, and clothing. And each should know how to refer homeless veterans to other services, so that no one goes from one agency back onto the streets.

Our challenge, therefore, is to coordinate Federal programs and link them to State and community services, and to expand all of them. I am very glad to have witnesses from both the Department of Veterans Affairs, including the Secretary, and the Department of Housing and Urban Development, Andrew Cuomo, somebody I admire very much, as I do his wife; as well as representatives from community organizations here today to discuss ways to respond to this issue.

I commend you, Secretary Brown, for your stated commitment to help homeless veterans. As I indicated before, Jesse Brown, knowing who you are, what you have been through, where you've come from, what you fought for, where you started out—it must make you really angry. And it is good that you are where you are. I commend you also for your national summit on homelessness that begins tomorrow. People laugh at summits, but they shouldn't. Summits often can galvanize efforts and they can create that particular chemistry that moves something forward or that particular embarrassment, that particular shock, which allows one to overcome fear or hesitancy.

I caution everybody that we—and I include Congress in that "we"—cannot just think about this issue when it is cold and snowy, or when there is a Senate hearing, or when there is a national summit. This is a 12-month problem. It is no less in the summer than it is in the winter. It staggers one less in the summer than it does in the winter, but it is no less a problem then for the homeless person. It is a four-season issue. Putting a dent in this problem requires four-season solutions. I look forward to hearing how we can work together and more effectively to help homeless veterans.

[The prepared statement of Chairman Rockefeller appears on page 52.]

Chairman ROCKEFELLER. Mr. Secretary, if you will excuse me, I see that Senator Akaka is here, and I wonder if he has an opening statement.

Senator THURMOND. Mr. Chairman, would you let me say a word before I have to leave?

Chairman ROCKEFELLER. I will, Senator, but—

Senator THURMOND. I am due on the floor on this constitutional amendment, and I just want to commend Secretary Brown and others who are interested in this problem. I would ask unanimous consent that my statement appear in the record following your remarks.

Chairman ROCKEFELLER. It will be so.

[The prepared statement of Senator Thurmond appears on page 54.]

Chairman ROCKEFELLER. Senator Akaka.

OPENING STATEMENT OF SENATOR AKAKA

Senator AKAKA. Thank you very much, Mr. Chairman.

I want to add my welcome especially to Secretary Brown and his staff here at this hearing and also to our distinguished guests who are here to hear the testimony as well as to say something about homeless veterans. I especially wish to recognize, Mr. Chairman, Secretary Brown's efforts to sponsor VA's National Summit on Homelessness Among Veterans which is scheduled to begin tomorrow. I share the hope that the conference will draw increased attention to the plight of the homeless and stimulate productive discussions on ways to end this enduring social epidemic.

I will keep my comments brief, Mr. Chairman. I look forward to working with you and other members of this Committee in addressing the housing, health, and employment needs of the estimated 250,000 veterans who daily wander the streets without shelter or, perhaps more importantly, without hope for the future. This Committee, together with Secretary Brown, must address this plight.

[The prepared statement of Senator Akaka appears on page 53.]

Chairman ROCKEFELLER. Thank you, Senator Akaka.

Now, Secretary Brown, you are our first witness. I know you have brought with you Mary Lou Keener, your general counsel; your special assistant on homelessness, Dale Renaud; the director of Veterans Assistance Service, David Brigham; and Eric Lindblom, who has worked for the VA on the Interagency Council and on the upcoming homeless summit.

I look forward to what you have to say. If possible, Mr. Secretary—and I don't know if it will be with your schedule, it is rigorous—I hope it will be possible for you to stay to hear the homeless veterans who will follow in the next panel. I know you would want to do that. Whether possible or not, I am very glad that you are here, as I am very glad that you are the Secretary.

STATEMENT OF THE HON. JESSE BROWN, SECRETARY OF VETERANS AFFAIRS, ACCOMPANIED BY MARY LOU KEENER, GENERAL COUNSEL; DALE L. RENAUD, DEPUTY ASSISTANT SECRETARY FOR INTERGOVERNMENTAL AFFAIRS AND SPECIAL ASSISTANT TO THE SECRETARY ON HOMELESSNESS; DAVID A. BRIGHAM, DIRECTOR, VETERANS ASSISTANCE SERVICE; AND ERIC N. LINDBLOM, HOMELESSNESS POLICY ANALYST

Mr. BROWN. Thank you very much, Mr. Chairman. Mr. Chairman, I am happy to have this opportunity to discuss homelessness among our veterans.

I know you and members of this Committee agree with me that this is an American tragedy. It is a tragedy when 250,000 veterans live on the streets of America with no place to call home, when we know that half of all homeless veterans suffer from alcohol or drug problems, when we know a third of these men and women suffer from severe mental illness. And to make matters worse, a growing number of our homeless veterans are now suffering from AIDS/HIV infection, and tuberculosis.

Mr. Chairman, I personally believe that the way a society treats its veterans is an indication of who we are as a Nation. That is why in

my view the VA has an obligation to move forward in a proactive manner to find and implement solutions to this national problem.

At the same time, as you observed, VA cannot do it alone. Our homeless programs provide excellent service. Together, they constitute the largest integrated network of homeless treatment programs in the entire country. But the problem of homelessness among veterans is so large that our programs cannot possibly meet every need in every area. Besides limited resources, current law prevents us from providing assistance to many homeless veterans.

Nevertheless, we estimate that VA provides extensive assistance to over 50,000 homeless veterans each year and additional services to an additional 50,000. Our specialized homeless programs by themselves serve more than 22,000 homeless veterans each year. I have described each of these programs in my written statement, and I request, sir, that this statement be submitted for the record in its entirety.

Chairman ROCKEFELLER. Of course.

Mr. BROWN. We are reaching many homeless veterans through new partnerships with public and nonprofit providers of services, including, of course, our veterans service organizations. But these efforts are not enough. VA and the Nation must do more. That is why we have set the following goals: Raise public awareness of this problem; improve and expand VA assistance to homeless veterans; encourage and support non-VA efforts to help homeless veterans; create a medium by which VA and others can come together to share information and resources; and expand VA's partnerships with other Government agencies, nonprofit organizations, and others.

To move forward on these goals, we have taken the following initiatives. I will continue to serve as co-vice chair of the U.S. Interagency Council on the Homeless. I have appointed a national coordinator of homeless services for veterans, Mr. Dale Renaud. We are holding an assistance fair for homeless veterans right here in the Nation's capital. Right now in Mellon auditorium on Constitution Avenue, VA and a number of locally based providers are offering a wide range of helpful services. The services include medical examinations, substance abuse counseling, job training, and employment information. The more than 500 homeless veterans attending will be provided haircuts, clothing, winter coats, and personal hygiene kits.

Tomorrow, as you mentioned, we will convene the first VA National Summit on Homelessness Among Veterans at the Sheraton Washington Hotel. We are very, very excited about the potential of this effort. It brings together people from hundreds of public and private programs with experience in helping homeless veterans rebuild their lives. We believe very strongly that by working together and learning from each other, we can make remarkable progress and make a powerful contribution to the overall effort to end homelessness in America. VA is prepared to do its share.

In 1993, VA directed more than $50 million to its specialized homeless programs. This year, we are directing almost $70 million to increased homeless assistance, a 40 percent increase. This funding has enabled us to create more than 30 new homeless program sites and support the expansion of 20 additional programs. As you know,

Mr. Chairman, these are very tough budgetary times. To continue expanding assistance to homeless veterans, we will have to learn how to use limited resources in a more creative way. In this vein, we will be forging new partnerships and bringing non-VA resources to the problem. We plan to direct $5 million in funding to continue the new VA grants and per diem program for non-VA providers next year.

Unfortunately, the many programs and new initiatives I have outlined here today will not end the problem of homelessness among veterans. But I believe that we in VA are moving in the right direction. We can, and we must, find a way to help homeless veterans lead more constructive lives. I know, Mr. Chairman, you would agree with me that all of us owe these men and women no less.

And now, I will be happy to respond to any questions that you or other members of the Committee may have.

[The prepared statement of Secretary Brown appears on page 55.]

Chairman ROCKEFELLER. I thank you, Secretary Brown, very much. I wanted to have both you and Secretary Cuomo at the same table. I wanted to have both of you give testimony one after the other and then I would ask questions, as would other members, of both of you. So what I would ask then, Mr. Secretary, is if you would yield, or perhaps one of your people would yield his seat, so that Andrew Cuomo may come forward and give his testimony. I think, Dale, if you could give your seat to the Secretary at the front of the table, not the side.

Good morning, Andrew. Please go ahead. You have some people with you, Jacqueline Lawing and others that I think you might want to introduce. You might want to do that now, so we will know who they are.

Mr. CUOMO. OK. Deputy Assistant Secretary for Economic Development Jacquie Lawing, who runs the homeless programs for HUD, is here, and Terry Nicolosi, who is special assistant to me at the Department of Housing and Urban Development, is also here.

Chairman ROCKEFELLER. OK. Good. Thank you.

STATEMENT OF THE HON. ANDREW CUOMO, ASSISTANT SECRETARY FOR COMMUNITY PLANNING AND DEVELOPMENT, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, ACCOMPANIED BY JACQUELINE LAWING, DIRECTOR, HOMELESS PROGRAMS; AND TERRY NICOLOSI, SPECIAL ASSISTANT TO THE ASSISTANT SECRETARY FOR COMMUNITY PLANNING AND DEVELOPMENT

Mr. CUOMO. Chairman Rockefeller, Secretary Brown, Senator Akaka, members of the Committee, thank you for inviting me here today to discuss HUD's role in addressing the needs of homeless persons who are veterans. Secretary Cisneros would have liked to be here this morning, but he had other commitments that he could not break.

First, let me take this opportunity to add my compliments to those expressed by this Committee for the outstanding work that Secretary Jesse Brown and his staff at VA have been doing. We also have the pleasure of working with the Secretary as he is co-vice chairperson of the Interagency Council on the Homeless. His department and HUD

are working on a number of collaborative efforts that we think hold much promise. The summit that VA is sponsoring this week has enormous potential to help inform the American people of the plight that homeless veterans are in. Also, as a person who comes from the not-for-profit field, and was in direct service delivery to the homeless population, I have a special appreciation for the challenges that VA faces as an agency in direct service to the homeless population. The entire staff at VA has our admiration and respect.

You have heard the numbers, Mr. Chairman, of the percent of the homeless population that are veterans. I need not bore you with that again. As veterans are a significant portion of the population, they therefore are an important constituency to the HUD programs. I would like to take this opportunity to give a brief overview of HUD's approach to addressing homelessness and some examples of projects and programs which are serving veterans.

Secretary Cisneros has identified helping to reduce homelessness in America as the number one priority at HUD. To that goal, President Clinton, Secretary Cisneros, and the Congress have significantly increased the HUD budget for these programs. In 1994, the amount of homeless assistance provided by HUD increased to $823 million from $572 million, a 44 percent increase. For fiscal year 1995, the administration has proposed a $1.7 billion budget for homeless programs, which is a doubling of the 1994 program. We are optimistic that Congress will act favorably on that request.

While this is a dramatic increase in funding, and it is essential if we are going to make a difference, it is not going to be enough alone. As the Chairman pointed out, we are going to have to make the programs that we now have work better and work better in collaboration with other Federal programs and State and local programs. HUD currently administers five separate homeless programs. Each program is designed to serve a discrete need, with its own regulations, its own funding cycles, its own matching requirements, and its own clientele.

Homeless providers are often forced to combine several categorical programs to fund one comprehensive facility. It is neither efficient nor intelligent. Awards for these programs are currently made by competitive decisions reached here in Washington, DC, far from the community, its people, and its problems. The results are often the development of a fragmented system with little interconnection or ultimate logic. Furthermore, as competitions are held on a national basis, there is often little connection between the amount of funding an area receives and the area's proportionate need to serve the homeless.

To address these concerns, we are reorganizing HUD's approach with four guiding principles. First, decisions, whenever possible, should be made in the community, to address the specific needs of the local homeless problem, by the local providers and the local officials who know it best. Decisions should not be made in Washington, DC.

Second, local governments should design a system that has three interconnected and dependent phases. All systems need an emergency shelter component which provides a clean, safe, decent alternative to the streets. It should have an assessment capacity. The second phase

should be a transitional phase which provides rehabilitative services for those who need it. And finally, there should be a permanent housing placement mechanism which has the capacity to satisfy the output from both the transitional housing and the emergency shelter capacity. We refer to this as a continuum of care approach which is something we're working to foster at HUD.

Third, there should be a connection between the Federal funding and a locality's needs. For example, if a State or a region has 10 percent of the Nation's homeless, then that State or region should get roughly 10 percent of the money. Equity and fairness would dictate nothing less. With this new approach combined with the proposed doubling of the HUD budget, Secretary Cisneros believes that HUD will make a significant difference.

In addition to HUD's primary homeless initiatives, there are several specific programs that are also relevant. The HUD-VASH [VA Supported Housing] demonstration program is a collaborative effort between HUD and VA which takes the unique talents of both and combines them. Housing resources are provided by HUD through the Section 8 program and the case management skills are provided by VA to get people with disabilities, mental illness, and substance abuse into permanent housing and give them the support they need to stay there.

HUD is also working on a program we call the Innovative Cities program, whereby HUD will partner with a local city to design, fund, and implement a comprehensive homeless system. We have done it with the District of Columbia. We are now in the midst of working with other cities for additional opportunities.

And finally, Secretary Cisneros and Secretary Brown are working on the Federal plan to end homelessness which will be submitted to the President in final form in the next several weeks. Our expectation is that the plan will provide an honest, intelligent, forthright assessment of the scope of the problem. It will not seek to diminish the magnitude of the homeless problem nor will it romanticize the needs of the population. It will strive to come up with coordinated, systemic approaches. That should be out in the next few weeks and we look forward to that.

I thank you for the opportunity to be here today to join my colleagues in VA. Any questions you have, it would be our pleasure to respond.

[The prepared statement of Mr. Cuomo appears on page 63.]

Chairman ROCKEFELLER. Thank you very much.

Jesse Brown, maybe I might start with you on this. Back in 1992 when we had a hearing on this, I was told by VA that assisting homeless veterans was a priority. Now we have another administration and I heard the President in clearly moving and heartfelt words again speak of homelessness as a priority. He appeared to really mean it. You can hear things and you can hear things, and he appeared to really mean it. We both know that you don't have enough money. We both know that the President has approved, as Assistant Secretary Cuomo said, twice as much money for HUD as last year and that comes to $1.7 billion. That's a lot of money, but there are a lot of homeless. I note that the administration's budget for your

agency for homelessness does not, in fact, keep up with inflation. That may have been one of the things which they struck from your testimony. I enjoy letting the American people know that Government is a sticky process.

But a 1.4 percent increase in VA funding for homelessness does not exactly reflect the kind of priority that I would think it should, if this is what the President says he feels so strongly about. I would be interested to know how you are going to be able to demonstrate your own sense of priority when you don't have the money to do that, understanding that money isn't everything and that coordination and a lot of other things help. Nevertheless, money is part of the way we measure things in this society and the measurement for VA in the administration's budget is not a very happy one. I would be interested in your thoughts.

Mr. BROWN. Certainly, Mr. Chairman, I am not one to argue with you on the facts. That is one of the reasons I asked Secretary Cisneros for some of that money that he has for our veterans. [Laughter.] So I am hopeful that his Assistant Secretary will carry that message back and let him know that our veterans need that money, and we need it fast so we can move forward to providing them with permanent housing.

This is indeed, sir, a national priority for me. And these are not just words. I think that is reflected in VA's 1994 budget. In 1993, when I assumed the leadership role at VA, we were spending somewhere around $50 million. For 1994, we increased that by $20, which is an increase of about 40 percent. Now, it is true that $8 million of that was a direct result of this Committee's effort to allow us to do some things we should have been doing many, many years ago. I am one who does not believe that all good ideas originate from Government. I happen to believe in the American system.

There are many wonderful creative opportunities out there. People are doing many creative things to deal with this national crisis, and I want to take advantage of that. That is why we have set aside $5 million to allow us to provide direct grants to nonprofit and private institutions that are doing a good job is so they can expand their assistance to our homeless.

Another thing is, as you've mentioned, our summit. When we conceptualized the need for this summit, it was sparked primarily by one fact. You and I have been around a long time and we've always used the same numbers—250,000 homeless veterans. I asked myself, we're spending millions and millions of dollars and each year we still have 250,000 homeless veterans. Basically that means either we're not doing a good job in helping them make that transition, or they are dying and we're having new veterans enter on the rolls and so the number remains fairly stable. That is why I wanted to be able to bring together people who are interested in this problem from all over the country, to share information, to share resources, so we can begin to manage the problem, as opposed to allowing the problem to continue to manage us.

I think this will allow us to finally create or identify a model that works. I am talking about a model that works to actually reduce those numbers. I hope that as a result of this summit, we will be able

to see that 250,000 number come down to maybe 200,000 or 150,000 as a result of all of the good things taking place in this city this week.

Another thing we wanted to do is to bring this tragedy to the attention of the American people. I happen to believe that once you get the American people's support, things begin to happen. This forum we're having here today is a medium by which we can communicate with the American people. I think they understand something that a great philosopher, to my mind, said consistently. He said something to the effect that we are bound together by an inescapable network of mutuality tied in a single garment of destiny. Whatever affects one directly affects all indirectly. That suggests to me that I cannot be all I can be unless we do everything we can to help those 250,000 be all they can be.

So that is one of the reasons we are going to make this a top priority. It is the reason I asked Dale Renaud to serve as my "homeless czar," to bring all our programs together, to bring this summit together, so we can finally begin to make some sense out of what, in my judgment, has been a fragmented approach to resolving the problem.

Chairman ROCKEFELLER. I'll come to Dale in a moment. HUD does have more money, but HUD can't do case management; HUD can't do substance abuse treatment; they can't do mental illness treatment; they can't do any of these things. So, we have got to deal with your budget. You talked about your 1994 budget; I am talking about your 1995 budget. That is where the 1.4 percent increase is less than the rate of inflation.

The summit is crucial. I believe in summits, I believe in commissions; I have chaired some. I think if you do them properly and skillfully, they can awaken instincts and currents of rage that Americans aren't aware of. But you have got to have the money, Mr. Secretary. And at the end of the day, you don't have it. So your Dale Renaud is going to have to be one heck of a coordinator to get this done.

I might just say, before I turn to Senator Akaka, two comments of my own. Because there are so many millions of veterans that don't qualify for help at VA hospitals, it would, it seems to me, be better if we did have comprehensive health care reform in this country, and every single person, including all veterans, had access to health care, which is not the case. And secondly, there is a debate going on over in the Senate chamber on something called a balanced budget amendment. If that were to pass, and the votes are very much in question at this point, I would assume you both would agree with me that this hearing would become a mockery, that homeless programs and most everything else that we do would be savaged to the extent that we could conduct business here but we couldn't do it very seriously. Do you both agree with that?

Mr. BROWN. I believe that if a balanced budget amendment is passed, it would be the first effort in my lifetime, 27 years involved in veterans issues, that would break the commitment the American people have with veterans. When I was the executive director of the Disabled American Veterans, I had a friend, Rick Schultz, who lost both his legs above the knee. That amendment would take over $200

a month from the compensation he receives, and that is an outrage. It is an outrage that we would do anything to take moneys away from the men and women we placed at risk to carry out the policies of this country. If that amendment is passed, it will take moneys out of the pockets of family members, the wives and the children, of the 58,000 men and women listed on that wall right here in the District of Columbia. It will take money from them that the Government is paying to help them put groceries on the table and put a roof over their heads. That, sir, is the wrong way to treat our veterans. I would suggest to you that it would undermine the national defense if we moved in that direction.

Chairman ROCKEFELLER. Andrew Cuomo.

Mr. CUOMO. Mr. Chairman, I second everything Secretary Brown said with such eloquence. Obviously, it would make a mockery of functions such as this hearing and remove the essential function, I think the policy discretion, from Government, or much reduce it.

On the Chairman's previous point about specific department budgets to help the homeless: I think if we are going to focus on any single department's budget as the "solution," we are going to fall far short. Even with HUD's $1.7 billion proposed for 1995, if we get that, we are going to have to look at connections among the different departments and with the local and State governments. If there is one single opportunity that presents itself to make a significant difference for the population that needs it most—persons requiring substance abuse and mental health treatment—I think it is health care reform. I praise the Chairman for his leadership on that effort. But if that makes a difference for the people who are on the street with the comprehensive coverage, especially on the residential component, that could make a single sweeping difference that would dwarf, frankly, what HUD can do, or for that matter, what HUD and VA can do combined.

Chairman ROCKEFELLER. Thank you, sir.

Senator Akaka.

Senator AKAKA. Thank you very much, Mr. Chairman. I am delighted to hear of Secretary Brown and also HUD's partnership in addressing this serious problem throughout our Nation.

As we consider the President's health plan, a question in my mind for you, Mr. Secretary, is, how will VA effectively reach out and maintain services for the diverse economic groups that the Department hopes to attract? Will the fact that VA aggressively reaches out to homeless veterans adversely affect the desire of other veterans groups to select VA as the provider of choice? For example, do you think a waiting room filled with homeless veterans could discourage other veterans from choosing VA as their health plan? If so, how does VA intend to address this issue?

Mr. BROWN. I think that issue will be addressed in national health care reform. It is important to state at this point that the President's plan is the only one that mentions veterans at all. In addition to that, it is the only one that provides a funding stream to allow the VA to move into a competitive environment. As you know, that funding stream is $3.3 billion.

Therefore, what we have here is a guarantee that the system will continue to exist for veterans, and we also have a personal guarantee from the President and the First Lady that programs that have been set aside for our homeless veterans or veterans suffering from PTSD, these specialized programs will continue to exist and be funded from the appropriation process. So it will continue.

You raised another issue that I would like to address, and that is this. Whenever a veteran enters a facility for the homeless and that facility, through their investigation techniques, finds out that he is a veteran, they immediately send him over to VA. We want to change that, as Mr. Cuomo pointed out, and that is one of the reasons we have to bring all of these people together, so that we can better coordinate.

We are never going to have enough money to be able to resolve the problem completely. We need to have better information because you may be referring a veteran to us that may have an undesirable discharge, and VA can't help him. By and large, people eligible to receive care from us must have some type of medical condition in the general sense. So he may or may not be eligible for care from VA. Our providers in the private sector need to understand that, so we don't end up just sending the veteran around in a circle and then in the end, he drops out because he cannot get the help he needs when he wants it. It is very important to assist these veterans when they want it. Because if they don't want it, we can't do anything for them. So when they want it, we need to make sure that it is there, that it is accessible, and that we are able to move forward in an expeditious manner.

I think that once we open up the system for national health care, health care that is guaranteed to each and every American, it is going to be beneficial to our veterans, to our homeless population, and to VA as an institution.

Chairman ROCKEFELLER. Senator Akaka, could I just add to your question here? We have to be very clear about health care reform, Secretary Brown. There is nothing, and there probably will be nothing, in health care reform which will deal with chronic mental illnesses, for the reason that there is not the money to do so. The whole question of schizophrenia and bipolar problems that affect a lot of veterans and others who are homeless will be entirely unaddressed by national health care reform. That does not mean there is a lot of health care that veterans will not be able to take advantage of, but schizophrenia is an illness often associated with homelessness, and it will not be touched by national health care reform.

Mr. BROWN. The point I was making is that it is available in VA, and under the President's plan, it will continue to be available to our veterans.

Chairman ROCKEFELLER. "It" being general health care services?

Mr. BROWN. No. I am talking about the care we provide in our outreach through our Vet Centers. In fact, VA is the largest and probably the most prestigious provider of health care for the mentally ill in the entire country. That mechanism, that process will continue to remain in place and our veterans will continue to have access to it. I think this is so very important because we have thousands and

thousands of veterans who are suffering from mental diseases, not only bipolar disorder, which is a form of psychosis just like schizophrenia, and so forth. We have a moral and legal obligation to take care of them because, by and large, many of them obtained those conditions concurrent with their act of service. Many of them acquired those conditions as a direct result of combat. We have to maintain a system where we provide mental health counseling and supportive services. And that will remain in place under the Clinton plan.

Senator AKAKA. Mr. Secretary, you touched on an issue that is very, very important, and I am glad you mentioned it. And that is that in the process, the veterans do not fall between the cracks and find themselves in a vicious circle where they finally end up without any help. I hope that our veterans will not be experiencing this kind of procedure as they try to get help from VA.

Mr. Secretary, you have strongly supported the chief of minority affairs officer act which requires VA programs and policies to specifically reflect the needs of minorities and women. As with veterans in general, homeless veterans presumably experience problems specifically related to culture, race, and gender. What is VA doing to address the specific needs of homeless veterans who are women or minorities?

Mr. BROWN. Senator Akaka, I am sure you are aware, because you are one of those who were in the forefront of that issue, that as a result of your guidance, we right now are in the process of developing a model. We know that 40 percent of our homeless veterans are minorities, and about 2 percent are females. So we are developing a model to try to figure out the ordeals with mental illness, primarily post traumatic stress and so forth, of blacks, Hispanics, others. There are three or four different categories we're looking at. Because of what you mentioned, the cultural backgrounds, the treatment approach may have to be different. We are working very hard to see what is the best way to deal with different racial groups and individuals from different backgrounds.

Senator AKAKA. Mr. Chairman, may I ask one more question and possibly submit other questions for the record?

Chairman ROCKEFELLER. Please.

Senator AKAKA. Specifically, Mr. Secretary, how does Hawaii compare in terms of homeless facilities, programs, and funding compared to other VA service areas? Does VA operate a homeless/chronically mentally ill program in Hawaii? If not, then why not?

Mr. BROWN. I am going to ask Mr. Lindblom to respond.

Mr. LINDBLOM. At this point, we don't have any of our specially-targeted homeless programs in Hawaii. A couple of years ago is the first time we were able to create new homeless programs with the new funding that became available for that year. Hawaii is one of those that is on the list to be considered if we get more funding. Unfortunately, we are in this terrible situation where the interest at our medical centers in creating these new programs far exceeds the amount of funding or FTE that we have to provide to them to initiate them.

Senator AKAKA. My final question, Mr. Chairman, and may I ask this of Andrew Cuomo of HUD. Under the HUD-VA Supported

Housing program, veterans are provided with HUD vouchers for local housing as part of a general assistance program managed by VA. Is this program currently operating in Hawaii? And are there special circumstances, such as the general dearth of affordable housing in the State, that mitigate against operating the program in Hawaii? If you have this information, I certainly want to hear it. Otherwise, I would appreciate your providing it for the record.

Mr. CUOMO. Senator, I don't have the specific information on Hawaii. I can submit that for the record. The HUD-VASH program funded 600 vouchers in 1993 and will fund an additional 600 in 1994. Exactly where they are, I don't know, but I can provide that information.

[The information appears on page 92.]

Senator AKAKA. Thank you very much. Thank you, Mr. Chairman.

Chairman ROCKEFELLER. Thank you, Senator Akaka.

I want to make a point to both Assistant Secretary Cuomo and Secretary Brown. Secretary Brown is talking about providing these services for veterans in our VA hospitals. But I think it is very important for the public to understand that, of the 27 million veterans in this country, we service at most 2.7 million of them. And those are incidents of health care; those are not necessarily veterans. Some of those veterans may be coming back many times. If 30 to 40 percent of all of our homeless people are veterans, you have got a lot of schizophrenics.

A lot of people out there are veterans who are not eligible to be served by VA hospitals. With 27 million veterans and a total of 2.7 million instances of health care for veterans, that is not exactly what we would call full coverage. This needs to be understood by people. The great majority of veterans are not eligible to be treated in veterans hospitals and therefore, of course, are not. One of the points of doing health care reform is to get them the option of being treated at veterans hospitals if they don't have health care services, they don't have coverage—as I imagine many veterans do not have. Of the 39 million Americans who don't have health care coverage, of the 70,000 who lose their health care coverage, how many of those are veterans? Obviously, a lot of them. They have no coverage, they have no resources, many of them, except for that discrete 2.7 million whom VA hospitals, all 171 of them, can service, as well as Vet Centers and other facilities.

This is a question for both of you. Andrew, you testified that the VA is the lead agency to address the needs of veterans. I won't dispute that. HUD, however, is the lead agency for addressing homelessness, at least in terms of funding and overall coordination. Now, how do I reconcile these two statements?

Mr. CUOMO. Mr. Chairman, I think what you will see coming out of the Federal plan, which has been, as I mentioned, a joint project—Secretary Cisneros is chair of the Interagency, Secretary Brown is co-vice chair with Secretary Shalala—we are trying to get away from the specific departmental, categorical approach. As I said earlier, I don't think you can look at VA's budget or HUD's budget or the budget of Health and Human Services and look for the solution to homelessness. Unless we get these departments in a coordinated

approach where VA's budget is part of the solution, and HUD's budget is part of the solution, and HHS is part of the solution, Labor, et cetera, we are not going to get there. Not every agency has to do everything.

HUD should be providing housing. Frankly, I think too much of HUD's funding now is going to providing services which really should be done at HHS. I am sure there is overlap between what HUD is doing and what VA is doing. So one department I think has to serve as the coordinative lead. And with the homeless population, while the need varies, the one thing all homeless people need eventually or immediately is housing. So the role for HUD, I think, is clear. We talk about substance abuse, we talk about mental illness, we talk about job training, but the common denominator for homelessness is housing. Hence, HUD's role is to be the coordinative mechanism in providing housing, understanding the diversity of need in the population, understanding the need for the coordination because we are not going to buy our way out of this problem.

We are not going to have the significant resources necessary to immediately eliminate homelessness. We have to do better with what we have on the table and we have to get the States and locals at the table so everyone is funding an essential component of the problem, and when we align all those components, we have a full system. That is what we're moving towards.

Chairman ROCKEFELLER. Is there a feeling on the part of both of you that, in fact, we are moving towards that? In terms of the demands of this new call by the President for priority for homelessness, is there a sense that this coordination is being increased, that intelligent decisions are being discussed or arrived at, that there is a change—let's say comparing this month to 3 months ago and 10 months from now?

Mr. CUOMO. Mr. Chairman, I definitely think so, sir. I think one of the messages we're communicating to local communities from HUD's point of view is, if you want HUD funding, you, the local community, are going to have to demonstrate that coordination and that systemic approach. In other words, what HUD is now doing is funding programs with decisions made in Washington, without consideration to what is needed by that community and what are the other resources available in that community.

What we are now saying is we want you, the local government, to marshall the resources and design the system. You decide what you need. You look at your population, take a breakdown—how many people need mental health treatment; how many people need substance abuse treatment; how many people need HIV/AIDS services; how many need housing—and then you allocate the resources. This is what VA can do; this is what HUD can do; this is what the Federal Government can do; this is what the not-for-profits can do; this is what the local governments can do. Let that locality come up with an inventory of need and design resources and then let the Federal Government be a partner in that process.

That is a much different approach than what we now have going on, where you have the Federal Government making funding decisions apart and aside from State and local input, and you have a

very ad hoc, fragmented system because of that. Frankly, I think the Federal Government is partially to blame for the situation we're now in. We are trying to reverse that and we're moving expeditiously down that road. I think you will see a difference in the near future.

Chairman ROCKEFELLER. This is interesting to me when I hear you say that you let the State and locals decide what to do, and we'll support that insofar as we can. You would think that State and local governments could address a problem like homelessness, which has such high drama and human tragedy attached to it. You have had experience with both of them. But I am skeptical simply because I was Governor of West Virginia for 8 years, and I watched relatively smaller agencies trying to sort out problems, and I watched endless numbers of counties trying to sort out problems, and it is not something that is very pretty to watch.

It works sometimes when you have got an extraordinary leader or a series of leaders at the county or the State level. But it often doesn't work because of inertia. Bureaucracy at the Federal level is fable. On the other hand, there are some pretty good matches at the State and local level, too.

Do you both believe—and I agree with it—there is no other solution to what you say. We don't have the money, we can't do it all, we're not on the ground everywhere. But we have more money than State and locals do. So, if this coordination can take place, that is a rational framework for approaching this problem, if you believe that State and locals can, in fact, handle the problem.

Mr. CUOMO. Mr. Chairman, I am a big believer in State and local government from experience and from familial loyalty. You now go to State governments and local governments and ask them to coordinate housing funds, ask them to coordinate community development funds, ask them to coordinate mental health block grant funds through HHS. Why shouldn't they have the opportunity to attempt to coordinate homeless systems, which is probably proportionately less funding than they are now coordinating through the CD programs or housing programs or HHS service programs? I think you should afford the State and local governments that opportunity first.

What we're saying at HUD is if the local government can't do it or if they don't want to do it—there may be local governments that say I don't want to participate in this homeless system; I don't have the problem; I don't want the funding; I don't want to be part of the solution—fine. Then let the Federal Government step in, which is what you are now doing, then let the Federal Government come in and run a competition that moves towards a comprehensive system. But I think not to ask the local government to do it first is not the most prudent course, recognizing that you have a fallback decision if it doesn't happen.

Chairman ROCKEFELLER. Are you aware, in New York State or elsewhere, of examples in a county or a series of counties, municipalities, whatever, where some group of agencies or some group of counties has gotten together on the subject of homelessness and done something notable?

Mr. CUOMO. I think you see examples that are moving towards that direction, Mr. Chairman, but I think under the current system

you almost preclude that behavior because there is no one funding source. How do you coordinate it? Who is in charge? Are you talking about programs that are funded by the State, or programs that are funded by the city, or programs that are funded by the county, or not-for-profit moneys, or foundation moneys, or the Federal Government which just decides to come in to fund a certain program?

The Federal Government doesn't know if that is what the locality really needs, doesn't know if that's the best operator, but the Federal Government comes in and decides to fund a program. And then you have different departments within the Federal Government making different funding decisions. So I think you almost preclude the opportunity for the type of collaborative effort that you refer to.

What we're saying is, let the Federal Government be the catalyst to that process. Let's take a step back and say before the Federal Government funds you in your locality for your need, you come together and do the inventory. Bring in the not-for-profits and coordinate the State and local funding. Once you align your own inventory and your own resources, then the Federal Government will participate. If you can't do it, if you don't do it, local government, then the Federal Government will step in.

Chairman ROCKEFELLER. Let me ask both of you, in this Interagency Council, is this kind of matter and approach being discussed?

Mr. BROWN. Yes, it is, Mr. Chairman.

Chairman ROCKEFELLER. Please give me a sense of the energy behind it and the prospects for it. It is just so clear that, with limited Federal money, all kinds of abilities and people, some State and local money out there—if we could just somehow grab this thing and rationalize it, it is not impossible. It is a discrete problem; it has a limit. It is almost a textbook example of something that every level of government in the United States ought to be able to do something about. In fact, it is like a mandate that we ought to be able to do something about. It is of that size. Is the Interagency Council doing this? And why am I to believe that?

Mr. BROWN. I can tell you that we have been working very, very closely and working very, very hard. We have had a chance to look at at least two drafts of the report that will be forwarded to the President in a week or two. I can also tell you that while we fully support his summary of the overall thrust, we're talking about two different approaches. We are talking about providing grants on one level. At the same time, I think VA is somewhat unique in the sense that we are the only agency, probably in the entire country, that provides hands-on service.

We have our own model, which we refer to as the VA continuum of care. It does not just deal with housing, there are five parts to it. There is outreach, where we actually go out and identify and touch the veteran. Identify him. Bring him into our facilities. Once we get him there, we do a clinical assessment to try to figure out what is wrong with him and how we can resolve that problem, whether it is alcohol, drugs, mental illness. And then we move from there to the third phase, which is long-term assistance, where we teach working skills, where we help identify employment for the future. From there, we link him up with the various types of income support. That falls

in very neatly where there is a need to try to coordinate and bring all these programs together. We won't have to be just stumbling around in the dark, and hopefully, we will find one that fits this particular situation. We need to bring them all together so we have easy access to them. And then finally, our permanent housing.

Those are the five approaches we view as a central model. We are not saying they are 100 percent perfect. That is why we wanted to have this summit, so we can bring some new blood, some new creativity into this process. I am not going to stand here and tell you that I believe the Federal Government has the solution to this problem. Quite frankly, I believe in my heart that when all is said and done, the best model to deal with this crisis will come from the people that are out there every day.

Chairman ROCKEFELLER. Let me follow on that, then. As far as knowing what is available, there was a law passed in 1992, Secretary Brown, Public Law 102–405, which required VA to do the following things to survey needs and services. One, assess the needs of homeless veterans in each VA medical center area. That makes sense. Two, locate and distribute a list of all the public and private programs available in the area served by the medical center. That makes sense. In fact, this already relates to the question that we're all three discussing here. Three, develop a plan to coordinate these programs. That makes sense. In the fall of 1993, we received a report from you that dealt with only VA efforts to coordinate homeless programs. I think the intent behind that law was a lot broader than just "VA." Hence, this generates a sort of skepticism—that agencies just act for themselves. They talk about coordinating, they talk about "interagency," but does it happen?

So now I am hearing "fall of 1995" as a target date for this more comprehensive report on the general situation. I think you will agree that finding all the services available to homeless veterans in a particular area is something that, as Andrew Cuomo indicated, ought to be possible to do. It is a discrete limit, a discrete population, a certain number of programs. This is not an encyclopedic project that we're talking about. Why can't we get the survey done? If there are homeless veteran coordinators in each VA medical center, each regional center, each Vet Center—as I believe they are—couldn't they be asked, on a fairly quick timetable, about the services in their area?

This is really part of the point I am making. In October 1992, a request was made by the people of America to you and to others to make this survey, and it is not done.

Mr. BROWN. I would like to respond to that. I think we have information that will shed some light on that. We are moving forward, and we are conducting a very, very comprehensive survey that can be useful not only to the veterans we serve, but also useful for the entire homeless veterans population.

I am going to ask Eric to respond further to that.

Mr. LINDBLOM. We have done a number of things. One, we almost have a complete list right now. It is an ever changing list and fortunately it is a growing list of all the service providers, public and private, that work with homeless veterans. We had a lot of that information to begin with. We've been working with the National

Coalition of Homeless Veterans and others to compile a comprehensive list, and that is very close to being done. It will be a continually updated list, of course.

What we have also done with the assessment is rather than just get a sort of quick and dirty and, quite frankly, not very useful picking numbers out of a hat kind of thing from each of the medical centers, we are developing a process where we will have sort of mini homeless summits at each and every medical center that VA has. We will bring together everyone in the community, not only those who service homeless veterans, those targeted providers, but also local representatives of Federal agencies, State and local Government, providers of general services to homeless, housing experts, everyone else—bring them together to figure out, just as Mr. Cuomo was talking about in this comprehensive Federal plan, what are the missing ingredients, what are the most desperately needed services. We want not only to find out about the needs, but also then to develop sort of action plans of what is most needed in that community, so then we can try to figure out how to meet those needs and develop that kind of local strategy.

Chairman ROCKEFELLER. Eric, I respect what you say. I will conclude this panel by simply saying that on page 6 of the GAO report issued today, it says, "The VA has made little progress in compiling a comprehensive inventory of the needs of the homeless veteran population as required by that law."

Mr. LINDBLOM. I think that is an inaccurate statement. We have enormous amounts of data that we collect every single day. We have more data on homeless veterans and their needs than anybody has on any other segment of the homeless population because we do that careful monitoring, evaluation, and data collection on all our homeless programs.

Secondly, as I said, we do have that list of all the providers, which was specifically asked for in the law—that is very close to completion.

And finally, I think what the GAO report does not deal with is that what we have taken on is a tremendously ambitious task of not just getting numbers out of a hat, not just coming up with sort of percentages and what the different needs are, but going to each and every one of these 171 VA hospitals and other facilities to find out not only what are the needs locally in that particular area, but what resources currently exist and what we can do about it. It is an incredibly complex and difficult task, and it is one that we have started on and look on with tremendous optimism about completing.

I might point out, finally, that the legislation did not put a deadline on this. Our understanding from dealing with the Congress, and from Senate staff and the House staff, was that what was wanted was this kind of comprehensive, let's really do something, let's go beyond the sort of quickie reports that Federal agencies sometimes do, and let's come up with something that really matters and that will really help homeless veterans.

Mr. BROWN. Mr. Chairman, I would just like to make one brief observation. We shared that with the GAO, and we disagree with that portion of their report. I will be very, very happy to provide for the record our response to that section, because we think that we are in

compliance. What is going to come out of our approach is going to be very beneficial to everyone involved.

[The VA response to the GAO report appears on page 93.]

Chairman ROCKEFELLER. Okay. I hear that and obviously need to accept that for the moment. I guess I will dismiss this panel by saying that I think homelessness in a country called America is a problem we ought to be able to solve. In many ways, homelessness is beyond immorality; it is amorality. It is like a society that has lost its values altogether. We may fail to solve a lot in this country, but I think homelessness, for example, is more amoral than joblessness, because there are other reasons for joblessness. There is no reason for homelessness. None. And on the part of veterans, none whatsoever.

Mr. BROWN. I agree.

Chairman ROCKEFELLER. So I agree that October 1992, Eric, was not 10 years ago; it was a year and a half ago. And I agree that there is no limit. And I, myself, have had very little experience with homelessness, as I imagine would come as no great surprise. But I say to those who are here, this Committee will be relentless on this subject as it pertains to veterans. We have jurisdiction for no others. But if one-third are veterans, that is a discrete problem; there can be a discreet solution; it is something doable in a country where much isn't doable. We will get it done together, you and I.

Mr. BROWN. Thank you so much, sir.

Chairman ROCKEFELLER. Thank you all.

I would like to call our next panel. They are two formerly homeless veterans who are currently receiving help from nonprofit organizations in their communities. John Annis is from Minneapolis, MN, and is accompanied by Jim Coulthard, who is the director of Transitional Housing for Veterans, a nonprofit in Minneapolis. Also, John Johnson from Nashville, TN, is here. He is accompanied by Jerry Washington, who is the director of Base Camp, which I am sure we will hear more about.

I am glad that you are here, both of you gentlemen, all four of you, but both of you in particular. I know that you are participating in this summit, and I know that you travelled a long way to be here. I know that you have things you want to say to us, and I want to hear them.

Mr. Annis.

STATEMENT OF JOHN ANNIS, MINNEAPOLIS, MN, ACCOMPANIED BY JIM COULTHARD, DIRECTOR, TRANSITIONAL HOUSING FOR VETERANS COUNCIL OF MINNESOTA, MINNEAPOLIS, MN

Mr. ANNIS. Yes, sir. I am a 45-year-old Vietnam veteran. I served in the Marine Corps in Vietnam in 1968 and 1969. I got married in 1972. I was married until 1986, and then my life fell apart. I was homeless for 7½ years. I was an alcoholic. I went through six different treatment centers which didn't work for me.

I came to the VA in 1993. I was diagnosed with PTSD and alcoholism. So now I know what I am fighting. This program that I went through, Transitional Housing, gave me the time there to earn back my trust, my confidence. With this program, the group is all

veterans; the counselors are veterans. The other groups were a mismatch of kids and older people.

It gave me the time to do my thinking and find myself and earn my trust back and know that I am worth something. So this program has given me a chance to work temporary at the VA hospital, which I turned into a permanent part-time job, there was an opening. I proved myself that I can work.

This program also gave me a chance to get me back into society. It gave me a home for which I pay 25 percent of my income right now. My next step is to move out into society. As you can see, this program has really worked for me, I believe. I have learned that I have gotten back self-esteem. The other programs—don't get me wrong, they were good programs—but when they were over, they were over. They didn't tell you where to go or what to do, so you fall back into that same rut again.

Chairman ROCKEFELLER. Give me an example of that, John.

Mr. ANNIS. If you go through these treatment centers, or you go through shelters, centers—stuff like that—your 30 day, 3 month, 6 month treatment centers that you've stayed in, they don't have any program for you for work or any kind of place for you to live after that. This program has given me a chance to get back to work and a chance for a home. When they release you from the other programs, you are just back on the streets again. Sooner or later, you start running again and you are right back in the same old [expletive].

Chairman ROCKEFELLER. But it is working for you now?

Mr. ANNIS. Yes, it is, sir. I am—

Chairman ROCKEFELLER. What kind of job do you have?

Mr. ANNIS. I am a housekeeper at the VA hospital, environmental management.

Chairman ROCKEFELLER. And tell me what that means and what you do.

Mr. ANNIS. That means we have specific areas we have to clean. Mine is to clean the surgical unit wards. I am basically a janitor, but I am working and making my own income right now, which means I can afford my own rent. It is not the big step. I am paying 25 percent, but that gives me time to save my money, and I can get back into the jetstream again, into the mainstream of society.

Chairman ROCKEFELLER. John Johnson? I'll probably go back and forth between both of you. But John Johnson, I would like to hear from you, sir.

STATEMENT OF JOHN JOHNSON, NASHVILLE, TN, ACCOMPANIED BY JERRY WASHINGTON, DIRECTOR, BASE CAMP, NASHVILLE, TN

Mr. JOHNSON. I am from Nashville, TN. I am 48 years old. I graduated from high school in 1964 and went into the service, the Air Force. I got out of the Air Force in 1965. I got married in 1965 and divorced in 1971. From 1972 to 1988, there were periods of time when I was homeless.

In 1988, I went to prison and I had an epidural abscess on my spinal cord and it paralyzed me. So they released me from prison to

go to the VA. I spent 6 months in the VA in rehab, left there, and went out to independent living.

All during the time from 1972 on, I had to use drugs and alcohol. I stayed in independent living in a wheelchair for a year and a half. And with physical therapy, I was able to get out of it. I was still using drugs and alcohol.

In August 1992, I became seriously homeless because I abandoned the apartment that I was living in, started living with friends or living in dope houses. This went on until last April when I requested my parole officer to get me some help. I had been in treatment centers before, but like the gentleman who spoke previously, once you go in and you come out, you go back to the same thing that you left.

But in this instance, I couldn't get in a treatment center when I asked to, so I was taken to a place called Base Camp. They accepted me that day. I stayed there for 9 days and then went to the VA hospital for a 28-day treatment program. After the 28 days, I came back to Base Camp.

What Base Camp has done for me is offer me a family setting, people I could relate to, not only clients, but staff. It offered me housing; it offered me counseling; it offered me training; it offered me people that I could talk to about the things that had been bothering me for years and years. It gave me an opportunity to practice some of the ideas I had in my own head. So I stayed in Base Camp for 2 months.

I used the VASH program to move out on my own. But I made a vow that I was going to volunteer with Base Camp because they had given me so much. Today, I am still a volunteer at Base Camp. The whole purpose for me is to set an example for another veteran who has been in my condition, to show him that the program works if you will let it work for you. The program offers so many different aspects. It addresses PTSD, alcohol addiction, drug addiction, all kinds of emotional and physical problems, disabilities. They don't turn anybody down; they don't turn any veteran down. They have some aspect in Base Camp to address any veteran's problem.

To me, that is what is needed. If it were left up to me, I would have Base Camp all over the United States, because it is working. We have about 80 percent success rate of people staying in the program, leaving employed and going out into the workforce and into independent living. I really don't know too much more to tell you about Base Camp except that I am a living witness to the fact that it works.

Chairman ROCKEFELLER. Is Base Camp beyond Tennessee?

Mr. JOHNSON. No.

Chairman ROCKEFELLER. Is it beyond Nashville?

Mr. JOHNSON. No, sir.

Mr. WASHINGTON. Just in Nashville and surrounding counties. Middle Tennessee.

Chairman ROCKEFELLER. Jim, do you know about it?

Mr. COULTHARD. I've heard of Base Camp, yes.

Chairman ROCKEFELLER. This is the question—what do you do when you get something that works? John Johnson, you're saying it works, and the previous panel was talking about community and local resources, and that often things come best from the nonprofit sector.

Is there any mechanism or any way that you, Jim, and you, Jerry, have to talk with each other or share what it is that you do? If you say Base Camp ought to be all over the country, which you certainly said, John, how do you compare what works and what doesn't work? How do you network, the two of you?

Mr. WASHINGTON. Fortunately, the nonprofit local agencies like mine have come together in a group called the National Coalition for Homeless Veterans—

Chairman ROCKEFELLER. When?

Mr. WASHINGTON. That was formed last year. We now have a Washington, DC, office and a 1-800 number. We talk to each other all the time and it is growing fast. We share information through summits like they are going to have next week; we also will have a newsletter coming out, and that kind of thing, in order to share information about who is doing what and how it works and what works best.

Chairman ROCKEFELLER. I believe the Coalition is going to testify on our next panel. I am just trying to figure out how fast that moves. In other words, if something is working for you, John Annis, and something has worked for you, John Johnson, there can't be that many endless variations to what works and what doesn't work. Therefore, at least within the nonprofit sector or the nongovernment sector, the sooner you can figure out a national model the better, so that everybody isn't trying something a little bit different, because some things work better than other things and you ought to learn from each other. Actually, I am surprised it didn't start until last year, this National Coalition.

Let me ask, Jerry, in your case, and Jim, in your case, and then come back to both John Annis and John Johnson, what is different in what the two of you do, Jerry and Jim? The approach that you take to this, what is different?

Mr. COULTHARD. What is different between my program and Jerry's program?

Chairman ROCKEFELLER. Yes.

Mr. COULTHARD. I don't really know the difference. I think that the area where maybe I am different than other providers is that I only try to serve those veterans with chemical dependency problems or a dual diagnosis. Somebody that doesn't fit that, for my program, that's the only veteran-community part of it, that's the only part where I believe our organization has any expertise. If somebody doesn't have those issues, I try to refer them on to some other agency because I don't believe that we can solve all of the problems.

Chairman ROCKEFELLER. I'll come to you in a minute, but some agency within your area?

Mr. COULTHARD. Some other agency within the community.

Chairman ROCKEFELLER. Are there others?

Mr. COULTHARD. Yes, there are. I think we are real lucky in Minnesota that there are a lot of different agencies that provide a lot of help.

Chairman ROCKEFELLER. Are you and those organizations also a part of this national group?

Mr. COULTHARD. No, not at all. I believe that we're the only ones a part of the national group, as far as the National Coalition for Homeless Veterans in Minnesota.

Chairman ROCKEFELLER. You see what I am trying to get at here?

Mr. WASHINGTON. Yes, I understand. I understood your question as what is it Jim and I are doing that is different from what everybody else is doing, why is it that we are successful and others are not, and not that what we're doing individually is different. I would like to address that by saying that at the community level, the problem of homelessness is far beyond housing, far beyond any of the series of services that can be afforded to veterans. It is a sense of belonging, a sense of coming home, to belong somewhere, to be with somebody who understands who you are and what is going on with you. And that is a problem that has plagued all war veterans since this country began—the difficulty in coming home. That means psychologically, emotionally, as well as economically and politically.

One of the things that we're real proud of is that Base Camp is not a one-time event. Base Camp is something where any veteran can come as many times as he needs to for whatever it is he needs. We're there for him and he knows it. Eventually, he figures out that we're not going to abandon him; we're going to be there for him and for whatever problem he may have. We are not in the business of punishing these guys because they go out and get drunk again. We are in there to help these people to become at home with themselves and with their surrounding community.

We have pushed this a little bit further. John and some other men, one of whom is Larry Montgomery here, are involved in a leadership program which takes veterans like themselves out there in the community and helps youth and disadvantaged people and families to regain their footing in society. That's what I call coming home. They are home when they have something to contribute to the community in a real way.

Chairman ROCKEFELLER. Jerry, I agree with you and I am not trying to discount that. But what I hope I am clearly driving at is a theme of this hearing. That is, we have limited resources, we have a large homeless veterans population and a troubled veterans population, and we're not doing enough about it. So one of the things that occurs to me is that if you have scarce resources, you have then got to lean on everything in sight. You have got to take what you have and make it work better. Andrew Cuomo, who has every reason to know, referred to State, local, and nonprofit efforts. Therefore, how do you make those programs that work get to know other programs around the country that work so that you can figure out a model and then go to it?

I remember one of the ways that I would criticize myself when I was a VISTA volunteer in West Virginia in this community I was working in—I'll just compare myself to you and John here. My community was 256 people and I felt I had a formula going for how we could get things going. But when somebody started to talk to me about getting together with groups outside, I was not interested. My work was inside with the people that I knew and had been working with all this time. I didn't have time to travel to Lexington, KY, or to

Nashville, TN, or to some other place for a group that could decide how could we do this on a broader basis. In a sense, I was so pleased and excited by what was going on within our community that I made no effort to reach out beyond it. What I am trying to say is we can't do that for the homeless veterans problem or other veterans problems. We have to be able to reach out beyond that.

Now, you work on only certain problems, Jim, and I understand that. You limit yourself to certain problems, and Jerry, you don't, do you?

Mr. WASHINGTON. Comprehensive.

Chairman ROCKEFELLER. It is kind of a home base in general. How is it supported financially, each of you?

Mr. WASHINGTON. My program is primarily run by the Homeless Veterans Reintegration Project of the Department of Labor. It is an excellent program that requires comprehensive, case-managed services and social services, as well as getting jobs. It is jobs-driven, but it is an excellent little program that is oftentimes overlooked.

Chairman ROCKEFELLER. It gets its money from the Department of Labor?

Mr. WASHINGTON. Yes, sir.

Chairman ROCKEFELLER. Any from the county?

Mr. WASHINGTON. No. I get some from the State for rehab.

Chairman ROCKEFELLER. What about you, Jim?

Mr. COULTHARD. We started off with a small State grant from the Department of Jobs and Training. The first year's funding came mostly from the American Legion and Veterans of Foreign Wars service organizations. Just going out and asking those for donations. We would have gone under the first year if it hadn't been for the service organizations and the auxiliaries.

Then last year we picked up a health care for homeless veterans contract through the VA. We have also gotten private donations from local businesses and just donations period from private citizens. That's where we feel we get our biggest energy—just going to the people who want to work on this issue, who would like to solve it with this direction. That is what we're always looking for.

Chairman ROCKEFELLER. Let me ask our two formerly homeless veterans, both by the first name of John.

What I would like is for each of you, John Annis and John Johnson, to say something to me about your reactions to the first panel. John Johnson, you have talked about your personal history, all the way back to 1972 and maybe before, and John Annis, I am not sure about your own situation, but you are talking about a lot of years between you. What is your sense of what you heard in the first panel when you heard very high Government officials talking about national summits, and interagency coordination, and using scarce resources in the most effective possible way, and coordinating, et cetera? Are you skeptical? I am not trying to get you to say you are; I want to get your feelings.

You both are finding a way out of a period of years of very hard problems. You are still struggling but you are finding your way out. That's good. A lot of homeless veterans are not at this point. PTSD is something, as I indicated before, that can go all the way back to the

Second World War, much less Vietnam. But what are we talking about in terms of length of time? John Johnson, if somebody had gotten hold of you, if Base Camp had gotten hold of you 15 years ago, would your problems be long history?

Mr. JOHNSON. I believe so, mainly because of the fact that 15 years ago I had no idea or no knowledge as to how to come out of the situation I was in. I was unaware of any organization that gave a damn about me.

Chairman ROCKEFELLER. You were just in a continual downward spiral.

Mr. JOHNSON. Right.

Chairman ROCKEFELLER. You didn't have a chance to look out at all.

Mr. JOHNSON. No. And coming into Base Camp after leaving the VA, I came into an atmosphere that was warm and welcoming. They embraced me whether I did it right or whether I did it wrong, the condition I was in, and I came in on a stick. I was able to express myself. I was able to do some things for Base Camp. I've created a two-week orientation class for new clients that are coming in, freeing the staff to do a lot of things that they couldn't do because they had to do this. I have a sense of belonging and that was something I needed because I have never felt that I belonged to anything, except for the period of time that I was in the Air Force.

It was a new experience, it was an experience that I needed. Again, it gave me a chance to express myself. It gave me a chance to make mistakes and not be punished for them. It gave me a chance to be able to get some training and, in turn, do some training, and help another veteran. To me, that's what it is about.

Like I said, I left Base Camp housing on July 17, 1993. And here I am today, February 23, 1994, and I am still with Base Camp. I give Base Camp 10 to 12 hours of my day, 7 days a week. Plus I am grateful for what I got from Base Camp. I understand their approach. Their approach is not that I am some statistic. Their approach is that I am a person.

I have heard a lot of people quoting statistics. Statistics aren't going to solve any problems. We waste a lot of money on statistics. You know, 40 percent of the homeless people in Nashville are males and they are veterans and 45 percent of them are minorities. Other than Base Camp and the VA hospital, they basically don't have anywhere to go. Base Camp has limited resources—five houses. But I have got a whole book of people who have attempted to get into Base Camp and they couldn't get in because there wasn't any space. To me, all these studies and all of this money spent to study this and to study that, it appears as though there is a need for the investment of some of this study money into some of these existing programs. Even if they fail, give them a chance.

This program is working. It needs to be expanded because there is an abundance of veterans still walking around the streets of Nashville, sleeping under bridges, sleeping down on the river, who want some help but can't get it. That's where I'm at. I know it works because it is working for me. I know it works because it works for my friend. I know it works because where I live there are other people

that have come through Base Camp that are there and they are still clean and they are still sober. I know it works because we have people coming back to Base Camp to volunteer their time and their efforts out of a sense of gratitude.

Chairman ROCKEFELLER. Thank you, John.

John, do you have some comments too?

Mr. ANNIS. I think anybody can get the homeless off the streets. But to get them off the street, you also have got to have some kind of a structure to go with it. You have to know that people care for you so you can get your trust back to go out into your life again, if you know what I mean. You have got to know that people care for you so that you can get your trust back, so you can open up and deal with the problems you have; otherwise, we stuff so many things for so many years. And that is why I think you need some kind of a structure.

With our counselors and stuff, they are all veterans and it is real easy to open up because they have been there where I have been, a lot of them have. My story is no different from anybody else's; there are thousands of us out there like that. But first we have got to get some kind of a structure into us, and we need some money for that. That's about all I can say. The bottom line is you have got to have the money to do it.

Chairman ROCKEFELLER. Yes, you do. And you have got to have, as John Johnson said, the feeling that, if and when it works for you, you are willing to plough it back in. You turn around and say I'm going to help myself, because there never is enough money. There are people out there that need help and you want to help because you are that aware and grateful of what happened to you. You are proud of what happened to you so you want to help others. Which is about as good as it gets.

I guess I have other questions but they would be personal, and we'll have a chance to talk again perhaps. But I think I get a very clear sense of both of you, of where you're coming from, and of what you think is important. So I want to say, John Annis and John Johnson, to you that I appreciate your coming here and sharing, which is what you've done. And Jim and Jerry, I appreciate both of you coming. I don't know what got you all into this work, but I am glad for whatever it was because it does a lot of good. So I thank all four of you.

Let's go now to what I have as our fourth panel but really is our third panel. It includes representatives from the field. These are folks from the field, people who are from the trenches, so to speak, who are providing services to homeless veterans. Three of you are from VA, and three of you work in community organizations. I am glad you are here.

As you were told prior to this, instead of having opening statements and then not having time to share ideas, I would like to generate some discussion from your point of view about how we assist folks. There are a lot of different places in this country, a lot of different places for people to be homeless, a lot of different places where they are homeless. There is not one mold that fits all, but

there certainly has to be a better way than what we're doing, and I think we all agree on that.

So maybe you could just share a little bit of personal history of what you are doing, why you think your program works, or what your frustrations are. But also, again, the overriding theme of this hearing is how do we do better. I want to celebrate what works and I also want to make sure that good programs are copied so that we see a lot fewer people on the streets. That is not the trend that we're seeing. Maybe what you are doing isn't making the problem worse, but it doesn't appear to be getting the problem to solve itself.

I also have got to say that in about 35 or 40 minutes, I have to go for what is an absolutely unavoidable engagement. But that doesn't matter; we will have a chance to do a lot of talking between now and then, and then Jim Gottlieb will take my place and will finish out.

Why don't we just start with you, Ralph.

STATEMENT OF RALPH COOPER, M.ED., EXECUTIVE DIRECTOR, VETERANS BENEFITS CLEARINGHOUSE, INC., ROXBURY, MA

Mr. COOPER. Thank you, Mr. Chairman. One of the things that I want to say for the record is that the veterans of America owe you a debt of gratitude because I think one of the main things that we need to do is to have more people like you helping the veteran fight this fight. It is because of men like yourself and other Senators, like John Kerry, who put their mouth out there but they also put their action out there. They put their money where their mouth is. I want to thank you for the homeless veterans up in the Boston area.

Chairman ROCKEFELLER. In my case, Ralph, my money is valued more than my mouth. [Laughter.]

Mr. COOPER. I don't know; when you speak, they listen.

Chairman ROCKEFELLER. Thank you, sir.

Mr. COOPER. One of the things that the two Johns talked about is something that is very important. They talked about how to change a style that you labelled "a spiraling downward." What they mentioned was something that I have called in the business "intervention." One of the things that we have in this Nation today is a thing called standdown, which is an intervention that is going on in over 38 cities and States throughout the country. This is where men and women who are homeless and formerly in the military get together with the providers of services—the agencies—on their own turf. In Boston, we had a standdown for 3 days, we serviced over 600 veterans right under the shadow of where a lot of them live, the expressway in Roxbury.

Chairman ROCKEFELLER. Ralph, I note that your name is Ralph Cooper. I don't know what group or program you belong to. I would ask each of you to tell me that, too.

Mr. COOPER. I am the executive director of Veterans Benefits Clearinghouse, Inc. This is an organization that helps veterans and their families. We do counseling, we do emergency food, we do housing, we do peer groupwork, we get people jobs. We are a multiservice center in Roxbury, MA, which is a part of Boston, MA.

We service over 2,500 veterans and their family members annually. The numbers have gone up considerably from when I started in 1977.

This is a dilemma that I think is going to grow. Anytime you are seeing homeless veterans from the Gulf War, these are young people, this is not going to go away because in Massachusetts, and I imagine this is happening across the Nation, where people are becoming unemployed, bases are closing, more and more people are going to be out of work who were formerly employed by the military because the military, for me and for many veterans of color, is the highest provider of work in the country. So we see that veterans of color are overrepresented in the homeless area but are underrepresented in the veteran area. We only make up 9 percent of the whole veteran population, but we make up, I think I heard someone say, 45 percent of the homeless veteran population. I think the VA's own records in their homeless domiciliary program is 38 percent.

But I want to talk about how this thing is getting bigger. The Department of Labor, through Congressman Moakley, I think, has an amendment out that is going to try to help do something about that, and Veterans Benefits Clearinghouse is one of the agencies that is looking at trying to use a model that has worked for us and it has worked for Jerry and it has worked for Jim, because it is a holistic approach. I thought I heard that term. But these men and women can't go on with their lives without a thing called healing going on. You heard John Johnson talk about his giving back. His caring and sharing with others was a major part of his ability to heal and move on.

This is the thing that a lot of people can't understand. It is not about putting somebody in a shelter, it is not about taking them off the street and warehousing them somewhere. It is about those things they talked about—giving the man back his dignity, giving the woman back her right. We had about 17 percent in our stand-down that were women veterans. I am imagining that the ladies that are here are going to speak to that issue, so I am not going to attempt to do that. But it is an issue of veterans, not just an issue of men. And what is amazing is that it is the same. People need to have a job. They need to know that they can provide for their families. They need to have somebody that cares about them; someone that says I love you, welcome home, I care about you. Those things are even more important than the shelter.

A house is not a home unless there is some love and some caring and some real honest to God gratitude for these veterans for putting their life on the line so that this Nation can be free. It is a disgrace. It is a national disgrace and it really makes me angry when I stop and think about the richest Nation in the world allowing this to go on. When they have programs like the Base Camps—and I am going to put Veterans Benefits Clearinghouse in that category, because I think the model that we use, it is a social, caring model which has worked with other kinds of treatment. A lot of these men and women suffer from Post Traumatic Stress Disorder. This is a disease. This is treatable.

You are on the right track, Mr. Chairman. This homelessness can be ended. Does it cost money? Of course it does. Do we have the

money? I think we do. We spend it on an awful lot of other things. I think if we really mean to put the men and women back in the community, doing what John Johnson and John Annis were talking about, this is an investment. Hey, they are paying taxes now. We need to invest in these men and women now so that we don't have to pay for them later. I think that without that, without all of the things that you heard about, all of those intangibles that no one really wants to deal with but which really make programs work, the things you can't see, those are the things that are needed. And we have to spend money to make it happen. I am telling you now, I am telling America, that it is okay to do that. It is okay to bring back your heroes.

[The prepared statement of Mr. Cooper appears on page 67.]

Chairman ROCKEFELLER. Thank you, Ralph.

Henrietta Fishman, tell me who you represent and we want to hear what you have to say.

STATEMENT OF HENRIETTA FISHMAN, M.S.W., PROGRAM DIRECTOR, COMPREHENSIVE HOMELESS CENTER, AND CHIEF, DOMICILIARY CARE PROGRAM, VA MEDICAL CENTER, BROOKLYN, NY

Ms. FISHMAN. Thank you, sir. It is a privilege and a pleasure to be here. I am program director of the VA Comprehensive Homeless Center in Brooklyn, NY, and I come to you from the front lines of the homeless in New York City.

The Comprehensive Homeless Center presents a continuum of integrated services from outreach to treatment to rehabilitation to supported housing. We believe strongly in partnerships and we are working in close partnerships with nonprofits, with veterans service organizations, with New York City, and with New York State. I would like to tell you about the components of the Comprehensive Homeless Center.

Project TORCH stands for The Outreach and Rehabilitation Center for the Homeless. This program provides a movable feast of services for homeless veterans, male and female, who come to us from city shelters and from the streets and are greeted with caring and a range of services. One of the major missions of Project TORCH is to engage the homeless veteran so that we can find out what he or she needs and link that veteran up with appropriate services.

It is also the runway to a 50-bed Domiciliary Care for Homeless Veterans Program. This is a 6-month residential treatment program for homeless veterans, male and female. About half of our veterans are dual diagnosed. That means that they have a psychiatric diagnosis as well as substance abuse. A large and growing number of veterans have HIV infection. Let me point out also that this is largely an inner-city minority population that we're working with.

We have partnerships with other Federal agencies. There is a Social Security Administration/VA demonstration project at Project TORCH. This program includes outreach to homeless veterans to bring them in, link them with available Social Security benefits, and to see that these veterans get whatever entitlements for which they are eligible.

We have a HUD-VA Supported Housing program. About half of the people in VASH have come to us directly from Project TORCH—from the streets and shelters—and about 50 percent of them have completed the rehabilitation program at the domiciliary. These veterans are in independent housing with long-term supportive services from the VA which we think are a critical component. Our programs provide a high level of clinical services to homeless veterans to get them off the street and out of shelters so they can obtain those services that they need. They are at great risk when they return to the community. If our services are not there to support them at the time where it is very easy to fall back on old patterns and be back on the street again, then in many ways we are not protecting our investment.

We also work very closely with readjustment counseling, the Vet Centers. Many nonprofit organizations such as Black Vets for Social Justice and the Coalition for the Homeless work closely with us. A Veterans Benefits Administration counselor does outreach to the shelters to identify homeless veterans and link them with entitlements.

We have a Homeless Chronically Mentally Ill [HCMI] outreach team which provides onsite services within the shelter system in New York City to locate and identify homeless veterans, to link them to the VA as well as to community services and get them out of the shelters and off the streets.

We have formed the Greater New York City VA Consortium on Homeless Veterans. The members include the three metropolitan VA medical centers— Bronx, Brooklyn, and Manhattan—as well as the Veterans Benefits Administration and Readjustment Counseling. We speak with one voice for the VA so that we can plan and negotiate with the city and with the State for those services that the VA feels our veterans need. The consortium has developed with New York City a continuum of services for female as well as male veterans when they first become homeless and enter the shelter system.

Chairman ROCKEFELLER. Ms. Fishman, I am going to ask you, because we have several more witnesses to go and I want to be able to hear everybody before I leave, and I am not going to be able to otherwise—can you just wind up in the next few seconds, please.

Ms. FISHMAN. We are running vans driven by formerly homeless veterans which go to each of these shelter sites, bringing homeless vets to the VA.

We're working hard in New York City to do some of the things that have been brought out here today; that is, to identify homeless veterans, to link them up with services, to consult and sit in oversight committees with the city and the State, and to form partnerships with a range of organizations.

[The prepared statement of Ms. Fishman appears on page 69.]

Chairman ROCKEFELLER. Thank you.

Richard Fitzpatrick.

STATEMENT OF RICHARD FITZPATRICK, EXECUTIVE DIRECTOR, NATIONAL COALITION FOR HOMELESS VETERANS, WASHINGTON, DC

Mr. FITZPATRICK. Thank you, Mr. Chairman. I am the executive director of the National Coalition for Homeless Veterans. Prior to that, I was running a program for homeless veterans in the inner-city of Detroit. Prior to that, I was an elected official, but I went straight. [Laughter.] And I find this the most rewarding, positive activity. Actually, dealing with alcoholics, criminals, pimps, and drug dealers wasn't much different than dealing with lobbyists and politicians and bureaucrats.

When I got on the bus when I was drafted to go to Vietnam, the last thing my mother said to me and my other friends who were drafted at the same time was "take care of each other." I could have never made it through basic training, and certainly couldn't have made it through Vietnam, without the help of my brother and sister veterans. And that is what makes our programs so unique, so unusual, and so successful. We are not professional social workers, we are not professional social service providers. Most of us are outside of that network. We are veterans taking care of our own. We tried to never leave a wounded person on the battlefield. And even though that war is over, there are still an awful lot of wounded people within a couple of blocks of this building. We don't want to leave them on the urban battlefields and the rural battlefields.

We have approximately 160 community-based, local programs around the country. One reason why our organization is so new is that, a year ago, there were only about 100. Of these 160, about 50 or so have only been starting to provide services in the last year. When we actually began meeting informally in the summer of 1992, there were only 50 of us. Now, there are another 100 under development. This is an incredible growth industry and these programs are popping up all over the country.

Unfortunately, each one of them is having to reinvent the wheel. They are struggling to learn on their own things that I was so fortunate to learn from Ralph Cooper and to learn from Jerry Washington and Michael Blecker and Bill Elmore and some of the other people who have been at this for a great deal of time. That is the reason we formed this organization. You go hunting where the ducks are and we came to Washington a year ago to open up an office because this is where the resources are, this is where we can marshall the country's attention to this issue. We really believe that what is going on out there, these local, community-based programs, is the answer.

We need our friends in the VA. There are things that they do that we would not want to replicate. But we think they need us. We're the front lines. We think that we can do it better, unquestionably cheaper. Our programs have seen about 80,000 to 90,000 people in the last year, and we have done this on a combined budget of approximately $20 million. These programs are very small; there is a handful of them with a million dollar-plus budget, but most of them are operating on absolutely threadbare budgets. Therefore, our

national organization is even more threadbare because they have no resources to share with us.

But we believe that it is important to take the lessons of these programs that have been successful in helping the two Johns that sat here, to take that effort out, because there is a very thin line really between service-giver and service-receiver. Our programs are often run by people who were formerly homeless themselves, recovering themselves.

Chairman ROCKEFELLER. And that's a very, very important key, isn't it?

Mr. FITZPATRICK. Yes, absolutely. And that is what makes it so unique and so successful. Let me just finish that remark by saying that our programs are in the desert. We have a program that has a four-wheel vehicle that goes outside of Las Vegas, and they see 100 to 150 homeless veterans in the desert. We have programs in rural Idaho. We have a program in the upper peninsula of Michigan. There are homeless veterans all across this country. That's the bad news.

The good news is there is an answer. There are programs that work. This cycle of homelessness can be broken.

[The prepared statement of Mr. Fitzpatrick appears on page 72.]

Chairman ROCKEFELLER. The veterans outside of Las Vegas in the desert, if I could just tarry on that for a second—why, and what is different?

Mr. FITZPATRICK. Why are they in the desert? Some veterans just can't stand the intensity of society, of being around other people. Veterans are very creative. They are out there in the desert in caves, they have made their own lean-tos, their own buildings, they are self-sufficient. They don't want to be a part of the VA. There is a VA hospital they could go to if they wanted to. They choose not to. The same with the ones in the upper peninsula of Michigan. We have a VA hospital there. They don't want to be there.

But now they are finding a brotherhood of fellow veterans who are not demanding things of them, who are not bureaucratic. They don't have to stand in a line for services from our programs. They have someone they can talk to, someone they can share with. So we are slowly bringing them in. We don't want them to stay in the desert, but in the meantime, someone has got to bring them water, someone has got to bring them food, someone has got to help them get an address. Many of them are fully disabled. The VA has $15,000, $18,000, $20,000 they would pay them but you don't get any payment without an address. I had a World War II veteran—the guy broke my heart—who was living under an overpass. He had a full pension coming to him but it was being sent to the general Post Office and he had no address so the checks kept going back.

So our programs provide telephone numbers. It is hard to get a job if you don't have a phone number. It is the first thing they ask for. If someone came to apply for a job at your office, you wouldn't hire them. You would say we'll get back to you. What is your address? Well, they don't have one. What's your phone number? They don't have one. Those are the sorts of things that our programs are doing. Voice mail, modern technology brought to the homeless program. Those kinds of things can work. When we are seeing this happening

in one city, we just want to take it on a national basis and help these programs. We can be a great partner with our friends in the VA, but the front line needs to be the community nonprofit organizations.

And if I can throw out one thought. We are very supportive of the fine things that HUD is doing. But we're a little concerned about what Mr. Cuomo was suggesting, that the money all be spent on the local basis. Unfortunately, we find that is a bit of a clique and we're not a part of that group. Unless there is some sort of mandate to the local groups when they decide what to do with their homeless funding, we don't think veterans are going to be considered. Historically, we haven't been. We have been ignored. And we are afraid that if the money is spent locally, it will go to existing providers. We are not a part of those networks. Our organization is trying to train our people to do it, but we're not professional social service people. We are veterans taking care of our brother and sister veterans.

Chairman ROCKEFELLER. Richard, thank you very much. That was very eloquent.

Dr. Rosenheck, I can't see your first name through that glass.

Dr. ROSENHECK. Robert or Bob.

Chairman ROCKEFELLER. Okay, Bob.

STATEMENT OF ROBERT ROSENHECK, M.D., DIRECTOR, VA NORTHEAST PROGRAM EVALUATION CENTER, DEPARTMENT OF VETERANS AFFAIRS

Dr. ROSENHECK. I am pleased to address some of the issues that you have raised. I am the director of VA's Northeast Programs Evaluation Center and share oversight responsibility for the VA program. What I want to comment on is that you may have the mistaken impression that there is some competition among the homeless veteran service providers. It almost sounds like everybody that has spoken here thinks that what they are doing is the best approach possible, and what the other providers are doing should not be given priority. I think what is important to know is that out in the field, when we're in the street, this is a very integrated team.

What you were asking about, which I think were the right questions, was how do we get people together with new ideas? How do we mix and match them? I thought it was so important that we had the homeless veterans here so they could tell their story. The story, though, was a back and forth, VA for substance abuse, back to Base Camp, VA for VASH for the housing where VA is linked with HUD. When a crisis comes up, VA for acute psychiatric treatment, but then back to Base Camp for peer counseling, for involvement with the veterans.

When we meet with you we all say, and I can say it too, *we* do the best job. *They* are nice, we work with them, but listen to what *we* do. But I want you to know that we all know we are dealing with a problem which is not just the problem of veterans, it is an American problem. That is why I am not sure you are right that we can say that homelessness is a bounded problem: There are 250,000 of them, let's fix that problem. It is a little bit like a leaky boat. You say we've got two inches of water. If we just get rid of that two inches of water, we will be all right. The fact is, there is a vast ocean out there.

The country is changing. Homelessness is not just happening to veterans. Forty percent of homeless males are veterans, but homeless people are all over America. Homelessness is not going to go away, because there have been major changes in the country. The good news is that there are people from all walks of life—professionals, pipe-smoking psychiatrists, battle-scarred Vietnam veterans, housing experts, rehabilitation experts—the good news is when they get there, when they are on the range, when they are on trail and they find a person, the necessity of taking care of somebody brings them together.

So when you are saying how do we get the most bang for the buck? How do I bring people together? The fact is, I am not sure that it isn't all right to fund a little bit of them and a little bit of us and a little bit of the other people, as long as you get people who see clearly the tragedy that is out there, and when they are onsite, when they are out there in the shelter or on the street, they do what needs to be done.

What you are seeing in this room, the people you've talked to are people who are completely committed to this cause, and it is a cause. But I want to talk a little bit about accountability. Senator Akaka asked a wonderful question. He said, if we are now moving to national health care—which frankly is aimed at the people who are working and don't have insurance—and as we begin hearing about plans for that—

Chairman ROCKEFELLER. It is much more than that, sir.

Dr. ROSENHECK. Let me rephrase that, it clearly is. But for those of us who work with the homeless, work with the chronically mentally ill—and I very much appreciated your comments—national health care is going to reach down to many of the underinsured, but what we deal with is the subbasement, the people that nobody wants. And I am afraid that even if they have health insurance, they are not going to be welcomed. And that wonderful question about what if the VA is trying to pull in a new constituency, what is going to happen to the homeless? And we see this when you're in a medical center or in many of the human services programs, they say, well, no, not these and not those.

These programs are about the total bottom. My point is that we need accountability. There are talks about "give the communities the money, let them do what needs to be done." But we need to know that these funds are going to those people who are at the bottom, who nobody wants.

So these are my two themes that I want to share with you. The fragmentation is not all that bad as long as you have the right people out there pulling together. I think accountability at the Federal level is important. Thank you.

[The prepared statement of Dr. Rosenheck appears on page 83.]

Chairman ROCKEFELLER. Thank you, Bob. That was excellent.

And talking about having the right people, you always have got to have somebody from WV. [Laughter.] Which brings us to Maureen Shafer, who is from Huntington, WV. We welcome you.

STATEMENT OF MAUREEN SHAFER, A.C.S.W., CHIEF, SOCIAL WORK SERVICE, AND HOMELESS COORDINATOR, VA MEDICAL CENTER, HUNTINGTON, WV

Ms. SHAFER. Thank you, Mr. Chairman. I represent a newly funded HCMI program at Huntington, WV, which is a medical center that serves a tri-State area.

Our proposal was based upon utilizing existing resources in the community. We have a Coalition for the Homeless which is an umbrella agency under which all the community organizations fall. To date, social work service at the VA hospital has been a part of the coalition on a voluntary basis by staff serving as advisory members. This proposal that was funded will have us providing social workers going directly to the city mission, to other organizations within the community, to seek out homeless veterans. Our initial area will be Huntington and then we intend to reach out to Charleston and also to Prestonsburg, KY.

We recognize in discussions with the city mission that our area may be a little bit different in that only 30 percent of the homeless that are identified in the community are transients. We have a concern in the community that we are seeing increasing numbers of individuals, either single women parents or single father parents with children, coming to the various agencies.

Chairman ROCKEFELLER. Maureen, since I have got to go in a second, in fact I am not going to be here for Wayne and that upsets me, I have just got a burning question I want to ask you. You mentioned you deal with chronically mentally ill. We talked before about schizophrenia and bipolar disorders, et cetera. I'll ask this to Richard, maybe the two of you.

When the American people think about trying to cure the problem of homelessness—here, we are talking veterans, but let's just expand this to the whole homeless population—curing schizophrenia is a tall order. I think it is possible, I know it is possible—having listened to some folks this morning—to cure, in the sense that you ever cure, alcoholism and drug abuse and things of this sort. But where you get chronic mental disorder, it strikes me that you are dealing in an area which is really, really hard, really hard.

So I want to ask you this question. When I said so glibly, so to speak, that we can take homeless veterans and get them off the streets and get them right, get them to work, get them back to home base, am I really talking about everybody? Are there some people that, in fact, we will never be able to reach, simply because of the magnitude of their problems and the length that problem has worked on them to hurt them; or can I be fully optimistic?

Ms. SHAFER. I think that there certainly are a number of people that we will never be able to reach, and perhaps a number also that the maximum we will be able to do is to provide them with supported housing and ongoing mental health support. We are hoping to be able to do that in Huntington. We have a newly funded inpatient psychiatric program and a substance abuse program. But there certainly will be individuals who will elect not to become involved in our programs, and that certainly is their right.

Chairman ROCKEFELLER. Yes, that's the point that you brought up, Richard. There is no law that says that a person has to be involved in a program that gets them better. You want to reach out and get all that you can, but there is no law that says they have to respond. So that's the point that you would make, Maureen?

Ms. SHAFER. Yes, that is the point. I think it is our responsibility to make sure that as many individuals as possible are aware of what we have to offer.

Chairman ROCKEFELLER. Yes. But are there some, Richard, who just will make that desert decision a permanent one?

Mr. FITZPATRICK. There will certainly be some. But it is like our family. I don't think that if there were a member of your family that had that sort of mental illness that you would ever give up on them, that you wouldn't try to find something for them. These are our brother and sister veterans. Some of them may not lead full and employable lives, but there is something they can do. There is a program, there are services for each and every one of them. We don't give up on one of them.

Chairman ROCKEFELLER. Thank you.

Okay, Maureen.

Ms. SHAFER. The additional issues that we're looking forward to working with will be rural outreach for the homeless. Because West Virginia has a strong network of churches in the various communities, we are going to be networking with the area churches. Through this we hope to reach out to the invisible homeless veteran who perhaps is moving from family member to family member because they have no resource, and they don't want to come into Huntington which has the only area shelter. They may want to remain in their existing community which does not have a good transportation network to the major city. So we will be using our van to reach out to these individuals. We do have excellent telephone communications within the State because of a 1-800 number to the hospital. But it is the actual physical transportation that we're looking forward to having to help us go out to the outlying communities which enhances our accessibility to the rural homeless.

[The prepared statement of Ms. Shafer appears on page 86.]

Chairman ROCKEFELLER. Okay, Maureen. I appreciate that.

I want to say, too, to the VSO's who are testifying that when we have our budget hearing on March 10, that I might ask you to work on this subject, too, and come back to testify on this issue, too.

Wayne, I am not going to be able to hear you. I feel terrible about it and I apologize to you. You are the director of Tooley Hall in Denver, CO. It is a long way off and you've come here, and just as you start to talk, I get up and walk out. That's not the way things ought to be, but it is the way it has got to be for this hearing. Jim Gottlieb and John Moseman will hear your testimony and ask any questions. I hope that you will forgive me.

I want to thank all of you for the work you do. There is something about the way you talk which takes me back to an era when I thought America was working right. That, to me, was the early 1960's. I think what we are trying to do, as we did about 30 years ago, is get the country to work right again. I just hear it resonating

from the voices of everybody who has testified here this morning, and I like that a lot. So I thank you all. I hope you will forgive me, Wayne.

Mr. THOMPSON. Yes, you're forgiven.

Chairman ROCKEFELLER. Thank you, Wayne. [Laughter.] And please go ahead, Wayne.

STATEMENT OF WAYNE A. THOMPSON, DIRECTOR, TOOLEY HALL, DENVER, CO

Mr. THOMPSON. Okay. I will address counsel. Thank you for the opportunity. There is not much that has not been said this morning. We must remember that we are all working together. We all have a bunch of recreated wheels out there, they work pretty well. Ours, incidentally, goes back to what Jim said, everybody needs a place where people care and where there is a structure there.

The way I see it is you need to focus in three areas. One, if you want to get the homeless off the street because it looks bad and we're a Nation that cares, there needs to be—and perhaps this is HUD—there needs to be a shelter system that addresses those people that may prefer to be homeless 364 nights out of the year, but when it is snowing, they don't. There needs to be a phase that addresses long-term care because homelessness is not the problem, it is the result of a problem, which is probably substance dependency, mental illness, to name just a couple. And lastly, and this has been mentioned too, it is a problem that cannot be fixed in a year if it has been a chronic problem. There needs to be incentives for ongoing aftercare, which has been mentioned.

I would like to go back to something that Mr. Cuomo had mentioned, that it is like an ad hoc approach out there. I represent a private sector business that contracts with VA in Denver and a three State area. We see this ad hoc because we maintain their Homeless Chronically Mentally Ill residential contracts. Those folks might be in our program 3 months to 6 months. We see people coming out of inpatient alcohol dependency treatment; we might see those folks for a week while they are in a holding pattern to go someplace else.

We need to take all this separation and get on the other side of the circle. Instead of being isolated by it, we need to get to where it is community based; all the service organizations, all the private sector, all the nonprofits, the VA, all working together. And that is exactly why I am here—to learn how we can better do that.

Mr. GOTTLIEB [assuming chair]. Are you participating in the summit as well?

Mr. THOMPSON. Just as an observer.

So that is it from Denver. We see things that work. We know that on a national level initiatives have been made, initiatives have been followed through on. The Homeless Chronically Mentally Ill program is very strong and that needs to continue. That's it for me.

[The prepared statement of Mr. Thompson appears on page 88.]

Mr. GOTTLIEB. We move into a more informal mode here in the absence of a Member. So John or I will ask questions. Feel free to interrupt and give us information. That is why we're here.

We hear a lot about how the homeless veteran population is somehow different from the general homeless population. I think if I were out there listening, I would be a little confused at this point. Are the needs of homeless veterans substantially different from the needs of the homeless generally? And what message would you like for us to have about that and for the Members who might be listening elsewhere? Please, anybody who wants to speak.

Mr. COOPER. Absolutely that the veterans are a different population. In order to be a veteran, one must have served during a war period. That means that you have been exposed to, trained for, and have the capability of taking a life and putting your own in harm's way for your Nation. That is a unique thing.

If one takes a look at what war is, are warriors special, you can take a look at any society—when the warrior comes home, they treat that particular individual differently. You don't take a person who has seen the carnage of war and just simply throw them back out into the society and let them fend for themselves. They are a very special, honored group. And to that extent, that is why veterans are able to connect with other veterans.

You hear us talking about veterans helping veterans and doing it at a community level. We are a community-based organization also, Veterans Benefits Clearinghouse, and peer counseling. The whole act of veterans helping veterans is a theme you will hear throughout the community-based organizations' testimony. So that is—

Mr. GOTTLIEB. In the general homeless situation, isn't that peer counseling or the need to help one another also a very important component of how you deal with that situation?

Mr. COOPER. Most of the time, you don't hear about peer counseling.

Mr. GOTTLIEB. I guess I maybe should say, should it be; maybe it isn't, maybe it is a "should be."

Mr. COOPER. I think that a lot can be learned from the method or the way that veterans operate and help each other. I think a lot can be learned throughout the country on this model. And that's the answer to the first question.

Would you repeat the second part?

Mr. GOTTLIEB. Let me ask Dr. Rosenheck.

Dr. ROSENHECK. I was just going to echo what Ralph said. If you look at the problems diagnostically, in terms of the types of mental illness, the types of substance abuse, the types of poverty, the types of racial prejudice—that is the same for veterans and nonveterans. The way I would have put it is when you look at the assets, veterans have a very unique asset; which is that if you put them together, they can look back on their experience to a time when they had a positive identity. And one of the reasons for having specialized veterans programs of the types you are hearing about is to bring these people together so they can have that catalytic, positive effect.

The problems, I think, that the homeless veterans face—lack of housing, lack of employment, substance abuse—are not that different. They are the problems of America. It is the strengths that are unique and need to be cultivated.

Mr. MOSEMAN. Let me ask a question that has been bothering me since the first panel, the question of VA eligibility for homeless veterans. I am addressing this specifically to the folks representing the Department of Veterans Affairs here. Do you find circumstances where you turn away veterans who are homeless?

Dr. ROSENHECK. Not for eligibility reasons. The law is that veterans are eligible if they are poor. Since 1980, you have to have served in the military for a full year and you have to have had appropriate discharge.

The reason we turn people away at times is because we don't have the capacity. Just as you heard, when the crisis comes, when it is life or death, people turn to the VA. They can't always come. One of the most horrifying, embarrassing things that I have experienced in this was when I was visiting the New England shelter in Boston and the director there, Ken Smith, said that on a regular basis he has to send homeless veterans with detox problems to a private hospital, not because the VA won't take them, but because the VA beds are filled. There just aren't enough out there.

We are talking about 200,000 veterans. That's on one night. So 200,000 on one night may translate to 600,000 or 800,000 in a year. The whole VA system, every bed in the country, is about 60,000. So if you tried to take all the homeless veterans in America and say tonight we're going to devote the entire VA system, every single bed, to homeless veterans, you might take care of one-third of them. That's the magnitude of the problem.

Ms. FISHMAN. There is that group that Doctor Rosenheck mentioned who might have had a dishonorable discharge, or who may not have been in the service for a long enough period of time to qualify for VA services, and we do see some of that group. What we are able to do is provide an assessment, crisis intervention, and, working closely with, say, the State Division of Veterans Affairs and not-for-profits, link the veteran with services. We may not be the hands-on person, but if you are working in a team, then other members of that team may step in.

Veterans are citizens of this country and they are entitled to that range of services that any citizen is entitled to. Some veterans may not be entitled to VA health care services, but they certainly are entitled to other benefits through city, State, or not-for-profit programs.

Mr. MOSEMAN. I assume that is true in reverse. We also should hear from the nonprofit, veteran-specific groups. I assume you don't really turn people away. Do you try to find other places for them to go if they are not veterans?

Mr. COOPER. If a veteran has a bad discharge, we try to work with that veteran to get it upgraded. If a veteran has a dishonorable discharge and we can't get it upgraded, he is still a veteran, and at 18, 17 years old, who knows what created that problem in time of conflict that caused this to happen. Are we to punish this person for the rest of his life? Does he still not deserve to have some of the basic rights?

What the community-based organization can do that the VA cannot, is that we can honor that veteran. We can recognize his

contribution no matter what the bad side. People go to the penitentiary and eventually they come out and they are accepted back into society, provided they don't break any more laws. But if you have an other than honorable discharge, this thing can follow you all the way to your grave. And in the case of a dishonorable discharge, you can't even get buried in a national cemetery.

But there is one thing that the VA can do, and that is it can extend the G.I. bill limiting date. We are the only veterans that have come out with a G.I. bill where they have a limit on the time you can use it; it is during the Vietnam war. If a person can demonstrate that he is homeless, why not give him an extension of his G.I. bill benefits? Here is a real way that we can do something. This person can now go to school, get his books, get his tuition taken care of, and get a job. Why not look at how we can get rid of the limit. World War II and Korean War veterans don't have a limit on when they can go to school. Why does the Vietnam veteran have to carry that?

So we are saying that there are some things that really can be done. I am not going to go through my written testimony; I put down a lot of recommendations. I am hoping that some of those will be addressed.

Mr. GOTTLIEB. John, let me jump in here. You mentioned something that I want to ask others of you. Are there other laws or regulations which now exist which you think ought to be altered so that we at the Federal level are allowing you or enabling you to do what you do at the local level?

Dr. ROSENHECK. This is speaking not at all as a VA employee. [Laughter.] But one of the things that we've found is that the group that is at greatest risk for homelessness are those who served after the Vietnam war. That is the group that is three times as likely to be homeless. People who served during the Vietnam era, they are in fact not at greater risk for homelessness than their nonveteran peers, by the data we have looked at. Those who served after Vietnam during—

Mr. GOTTLIEB. Is that a function of their age at this point and where they are in the economic situation as opposed to—

Dr. ROSENHECK. I can tell you the factors. The data suggests—and this is not to diminish the PTSD in the population, there is a lot of it and it needs to be treated. But during that period from 1975 to 1980, the military was not a popular thing to be in. We were in a different moment in our history and we were just starting the all-volunteer army. A lot of people that came into the military during that period were not very well situated in life. In fact, subsequent studies have show that in almost every other group, veterans are no more likely to have mental illnesses than nonveterans; just about the same. In that one group, they are two to three times more likely to suffer from mental illness. So that is the high-risk group for homelessness and that is the one group that does not get nonservice-connected pensions. Anyone that served in wartime can get the pension.

Now the great irony is that we are now—I don't know how many are aware of this—I believe we are now in a wartime era. Since the Persian Gulf War started in August 1991, since we sent the first planes there, we are now in a wartime era. So veterans now are eligible for pensions. But veterans who served during that period

1975-1980—it was another kind of heroism; people that served in the military when the military was not proud, when we were still involved in the Cold War. People that volunteered, the first fully volunteer army, at a time when the military was not popular, those people are at highest risk for homelessness, totally cut off from the nonservice-connected pension.

Mr. FITZPATRICK. The specifics we also lay out in written testimony, 25 specific proposals that we would like to see Congress change. On one hand, while we think that our community-based organizations are the answer, there are things that the—

Mr. GOTTLIEB. Talk about that a little, because while some of us will read it, many won't. [Laughter.]

Mr. FITZPATRICK. It is not in detail 25 particular proposals. But what we want to stress is you will see that most of them are not things that have to do with the Department of Veterans Affairs. We look at the Department of Defense. That is the department that veterans actually have a closer tie to than any other department. We have all been a part of the Department of Defense. Now that they are shutting down bases all across this country and around the world, every one of those bases has opportunities for homeless veterans. Those folks that are doing the closings face problems. They have environmental problems, they have lead paint, they have asbestos, they have toxic waste, they have munitions that are not exploded, they have significant things that need to be done before the bases can be reutilized by the local community.

Our contention is that homeless veterans should be the landing party, the first group on those bases once they are closed, the people to run the infrastructure. The people who know where the wires are, who know how the plumbing works, who know how the heating system works, are veterans. And for us to go in as job training programs to teach our veterans how to do lead paint abatement—I mean, that's a fabulous job. You can go out and start a small business once you are certified to do lead-based paint abatement and be very successful. And in all those environmental cleanup areas, we think that there is that direct tie between the Department of Defense and those who used to be a part of the Department of Defense.

And we go on through to the Department of Interior and certainly Labor. I would like to echo what was said earlier about the Department of Labor and the HVRP [Homeless Veterans Reintegration Project]. This tiny little program with $5 million is probably doing more to help homeless veteran service providers than any other program in the country.

Mr. COOPER. One other thing. We saw over 600 veterans in Boston at our stand-down. The big, striking thing was that 98 percent of those veterans had an honorable discharge and 75 percent of those veterans were of the Vietnam era. I am not trying to play a game with Dr. Rosenheck, because he is a person who has the credentials in the field of evaluations. But in our area, these are people who you wouldn't suspect would be homeless. One of the criteria I remember, if you were going to run for office maybe 20 years ago or so, you had to be an honorably discharged veteran. Well, 98 percent of those that we saw were honorably discharged. They did their time and they did

a great job at it. Why are they homeless? Out of that group, 40 percent of them were African-Americans. Why is that?

Part of what I am very much interested in is not only looking at the veteran population, but also looking within the veteran population. Should we be sensitive to the group that makes up a large disproportionate number, and why are they making up such a large disproportionate number? If there is something we're doing wrong, let's take a look at that. I would like to have that taken a look at and then how do we reduce that. There are some things I think that are culturally specific, that are environmentally specific, that can be done to do away with some of those issues also.

Mr. GOTTLIEB. You lead to something which I think has been talked about before. Should the goal be coordination of a lot of different programs around the country, or should we only be seeking to coordinate basically where you are, at the local level. Do we have the wrong goal in terms of a national coordination of those things that work or are not so effective?

Bob, I guess you talked also about coordination as being one of the goals.

Dr. ROSENHECK. We've talked a lot to one another and there have been a number of conferences. When the Secretary calls a summit, he doesn't just invite VA people. As a matter of fact, the barriers are up for the VA people who want to come from all over the country because we wanted a balance. And when Richard has a conference, we're involved. Both at the national level and the Interagency Council, which is the Federal agencies workgroup, at the level of the leadership of VA, in Richard's organization, there is a lot of back and forth. I think we need to have more of this. I think this kind of conferencing and these hearings bring us together. There are a lot of people I see largely at these hearings.

Ms. FISHMAN. Among the veteran community, it is unusual the extent to which services are not only coordinated but integrated. Certainly in New York City, there is a sense of family. The service providers know each other and work closely together. We do know about programs across the country. We are so inundated with the extent of our own difficulties in providing services to huge numbers of homeless that we're not able to see some of these programs, but we keep abreast through the various forums available for communication.

Mr. FITZPATRICK. We want to reach out beyond our veterans community. I don't mean to be speaking out of both sides of our mouth, because we believe our veteran-specific programs are very valuable. But at the same time, the truth is most homeless people will be taken care of in programs, and most homeless veterans and their families will be taken care of in programs that are not veteran specific.

And yet the sad thing we're finding in the major homeless programs in this country is even on the entry level, they don't even ask the question if they are veterans or not. This is so unfortunate. As Bob Rosenheck said, the thing that makes veterans so unique is the set of benefits that they have coming to them. But if they don't know at a shelter if a person is a veteran, they don't access those

services. And it is the same for children, the same for spouses of veterans.

So we want to reach out to the rest of the homeless community and teach them about veterans. There are unique things about the psychology, about the medical problems, whether it is Desert Storm veterans with their unique medical problems or our problems due to Agent Orange, there are things unique to veterans. And within the overall homeless community we need to form a partnership to help them understand veterans. At the same time, we need our veteran programs to help understand homeless issues.

Mr. COOPER. Excuse me. You heard Andrew Cuomo talk about the millions of dollars that HUD has put out on the streets for homelessness. But out of the $25 million distributed, only one veterans program in the country was funded. To me, that is kind of strange. If we make up 40 percent of the homeless population, how is that?

A lot of the community-based organizations are small and we are not the programs that sometimes Government agencies like to fund. But we are responsible. We get audited just like everybody else. If we are doing wrong, they are hard on us. We have to have capacity in order to service, whether we get $200,000 or whether we get $500,000 or whether we get $50,000. HUD needs to be commended for their effort in doing this. And VA is given $5.2 million. That's not enough; clearly, that is not enough, but it is a first step, and we applaud it.

But now we don't want Government agencies to be afraid to give the little guys some money so that they can do better what they do so well, what you've heard about. Don't get snowed into it has to be some mega-million dollar organization that is the only one that has capacity. It is not true. So, I just want to really emphasize that. It is the community people who know how to deal with the community problems. Even though we work together, no one knows what is going on and where the services are in the community better than the community people who live there and work there themselves.

We have to use that community-based organization with the power that it has. No mega-corporation is going to be able to know all of the nuances that go along with John Johnson's life, all of the nuances that go along with the individuals that are having these small problems that can be solved because somebody was there, somebody was homeless just like them, somebody knows what they are feeling and can be a much more powerful model for them to make it in the society than if we try to do the thing from the top down. We need to start off with the little guys working with the big guys.

Mr. GOTTLIEB. Thank you all for coming. The Chairman apologizes for having to leave early. We appreciate your help very much.

The last panel was to have been the veterans service organizations. One of the witnesses has travelled from out of town to be here, so we would like to hear the testimony of that witness, Joseph Randall Barnes. For the rest of the veterans service groups, the Chairman would like hear your testimony at the Committee's budget hearing on March 10. So our preference would be to have you testify at that time, if that is agreeable with you. Otherwise, we would be happy to receive your testimony now.

Mr. Barnes, I read your testimony with much interest. It is substantially different than what we've heard up to now. I would be very interested in hearing your views on what we have heard this morning, as well as the primary thrust of your testimony. Please proceed as you see fit.

STATEMENT OF JOSEPH RANDALL BARNES, CHAIRMAN, NATIONAL TASK FORCE ON HOMELESS VETERANS, VIETNAM VETERANS OF AMERICA, ACCOMPANIED BY PAUL S. EGAN, EXECUTIVE DIRECTOR, VIETNAM VETERANS OF AMERICA

Mr. BARNES. Well, if it pleases you, a lot of my testimony does repeat some of the things we've heard earlier, so I think what I would like to do is just kind of briefly go over and sum up what would have been a more in-depth testimony and then maybe open it up to some questions from you, assuming that you have some questions.

Mr. GOTTLIEB. I think we can probably think of some.

Mr. BARNES. Vietnam Veterans of America is the only veteran service organization chartered by Congress to meet the needs of Vietnam-era veterans and their families. Because of that, we share a really very deep, common bond with all veterans, particularly Vietnam veterans who make up a major portion of all the homeless veterans community.

As everybody agrees, 30 to 40 percent of all the homeless people in the United States on any given evening are veterans, and the majority of them are Vietnam veterans. One of the things we would like to point out is that most of them are homeless because they are veterans.

VVA has been involved in a number of programs throughout the United States, most recently, probably in the past 2 or 3 years, we have been involved in almost 40 programs in 20 States. We operate programs from a small feeding program, which I am directly involved with in Kansas City, where we go out under the bridges and the abandoned buildings and the river banks and feed and cloth homeless veterans, to a more comprehensive continuum-of-care kind of program that is operated in Albuquerque, in Connecticut, and in other cities around the United States. We in fact are involved in programs from both coasts and from Wisconsin to Texas.

Our experience with the programs that we operate tells us that the only real cost-effective way to operate programs and the only real way to attack the issue of homelessness is, as you've heard from a number of people here, the continuum-of-care model, which is a comprehensive program made up of services that take everything from outreach and intake at the street level or the shelter level all the way through needs assessment, job counseling, job training, transitional housing, and then hopefully through to permanent housing and permanent employment. I would say that included in that would also be those numbers of homeless veterans who will always need some type of followup and ongoing therapy.

We would like to emphasize that the meager funds that are available for homeless veterans should be earmarked for these types of programs. "Three hots and a cot" are well-meant programs, and

shelters have done a lot of work in this country and they are, in fact, the outreach level of most of the continuum-of-care programs; but we need comprehensive programs if we are going to end homelessness. Too many times, in fact, over the past 10, 20, 30 years, we have seen the same population of people who are homeless continually be served. There has been very little effort made to actually end this issue.

One of the things that we think can be done, as you've heard from other people here, is that Vietnam veterans, who make up the large portion of the veterans population, and veterans per se need to be identified as a special needs population. A number of Government agencies, HUD being one of them, SBA [Small Business Association] being another one, have specific programs aimed at specific people, whether they be minorities, women, handicapped, environmental issues. We think that veterans should be a special needs group identified with specific programs for them.

You will have to bear with me. I am trying to skip over a lot of my testimony here that has been said by everybody previous to me.

HUD is a particular agency—as we heard earlier, the amount of money that has been appropriated or has been earmarked for the homeless programs—this is an agency that could earmark veterans as a special needs group. HUD already operates an 8(a) program. About 15 percent of their funding is targeted for special needs programs and we think HUD needs to target veterans as one of these special needs groups. In fact, VVA would recommend that every agency of the Federal Government—primarily VA, HUD, Department of Labor, and HHS, that provide services to homeless people in general have special advisory committees made up of veterans that would advise them in dealing specifically with veterans issues.

I was very interested in what was commented on today about the plan that is to go to the President. I will read the plan very carefully to see what HUD has put in there for their specific plans to end homelessness among veterans. I think that will be a key to what we see in that plan or we don't see in that plan.

Another issue that VVA feels strongly about is the concept of fair share for homeless veterans. This also applies to the special needs group. While everybody agrees that 30 to 40 percent of the homeless are veterans, 30 to 40 percent of every agency that deals with the homeless does not deal with homeless veterans. I, for one, don't believe that we will ever see 30 to 40 percent of HUD's budget aimed at homeless people earmark 30 percent of that budget for veterans, nor HHS. But I would like to suggest that these agencies through advisory committees and through actions of their own attempt to earmark moneys for veterans groups.

VA has come a long way in the past few years. For some of us who worked with VA in the early years, we really met with a lot of resistance. VA originally was unwilling to come off the VA medical centers and work with veterans out in the shelters. We had a very serious problem with VA in that they would not send disability checks out unless veterans had specific addresses. Secretary Brown has done a lot in a short time to turn this agency around. Quite honestly, at the local level we see where new and innovative directors at VAMC's

have come, we see new programs, we see new willingness for VAMC's to work with veterans. Unfortunately, there are still a lot of VAMC's that are operating back a few years, but there are a lot of changes that have been made.

We would like to see VA do more to make it easier for veterans to collect their disability checks. We would also like to see teams empowered by VA to go out in local areas in the shelters, in outreach centers, even the VA Vet Centers, that can have hearings and would be empowered to make preliminary decisions there to award disability checks. Along with this, we would also like to see the Vet Center program expanded or an identical program created which would allow for medical care out in the communities for homeless veterans. Many times the Vet Center programs—they are very good programs, and veterans who don't necessarily want to come in to the VAMC's or who have had bad experiences there will come to the Vet Centers. But when you are talking about medical programs and medical services, they have to go to the VAMC's. We would like to see all VAMC's, particularly in the urban areas but most of them, have these dual programs at the Vet Center level out in the communities.

In closing, I would like to just underscore four things: One, we feel that all resources should be aimed at continuum-of-care, comprehensive programs for homeless veterans; two, that community-based organizations should be the major conduits for providing services to homeless veterans; three, that a fair share, an equity-base of all moneys earmarked for homeless people should be specifically earmarked for homeless veterans; and four, that veterans should be identified as a special needs group. Thank you.

[The prepared statement of Mr. Barnes appears on page 89.]

Mr. GOTTLIEB. Great. Thanks.

Chris [Charles C. Yoder, Minority Deputy Staff Director], if you have any questions, just barge in.

We've talked a good deal about "the continuum of care," but I'm not sure we have an understanding of what you would include in that term. And do you believe any single agency can deliver this "continuum?" Is it something that can be done only by VA or only by HUD or only by the Federal Government, or doesn't it have to be a continuum not only in the type of care, but also in who is providing it?

Mr. BARNES. Yes. As was said here earlier, the most successful programs that I've seen operational around the United States, and what I would see as part of the continuum-of-care program, would be a combination of various agencies and State governments. It has got to involve the community-based organizations, city government, State government, county government.

Mr. GOTTLIEB. The question then is about how are we going to coordinate all those activities to make sure that we're reaching all the people we want to reach and not duplicating and not missing some important things that need to be done.

Mr. BARNES. I think the first step is that there be primarily a menu of services in each local program that make up this continuum-of-care program and that the funding come in through either a coalition or one community-based organization. You are right, that is

a problem. But the most successful programs, as you've heard people talk here, that we've seen throughout the United States is where people have solved that problem. They have gotten all the various funding sources, all the service providers together in a particular community and pooled their resources and put together a comprehensive program. Now, if you want me to tell you in step one, two, and three how you sit down and do that in Brooklyn or Kansas City, I can't tell you that.

Mr. GOTTLIEB. But that's an interesting statement you make, because one of the key questions is whether we should seek to duplicate what is being done well in Brooklyn in Los Angeles, or are the circumstances so different in Los Angeles or San Francisco or Houston or wherever, that there shouldn't be a goal of duplicating as opposed to using what is there. Is it more of a personality-driven kind of solution, or is it something that we can solve on a national coordination basis?

Mr. BARNES. I think some of it can be solved on a national basis. For example, VVA has established a national task force on homeless veterans, and one of our goals is to develop an in-house clearinghouse in which we will replicate model programs—in fact, we are already in the process of doing that, replicating model programs that are operational in, say, Brooklyn or Albuquerque or whatever. And where we have local chapters or even city governments, or anybody that would ask of us what is a good model program to operate a continuum-of-care program in the Midwest, we would send them a copy of that.

Quite honestly, I am a volunteer. VVA, in my opinion, even though all of these homeless people are my brothers, all the dimes and dollars that we put into these programs is money that ought to be spent by the Federal Government. So I guess I would say to you if you could give VVA or if you could give Ralph Cooper, or if you could give the National Coalition the money to sit down and put these programs on paper and circulate them around the country, then that would be a fine solution.

I think there are a lot of answers to problems, and a lot of the people at this table had those answers. Now, do they have the money and do they have the time to sit down and actually put these programs in writing, do they have the money and the travel money to do training and technical assistance? Can you take Ralph Cooper and fly him all over the United States to do training and technical assistance in the communities to put these programs together? If you do, that would be a good start.

Mr. GOTTLIEB. As I think you heard if you were here earlier when the Members were in attendance, there is not likely to be more or a lot more in total Federal dollars because of the caps that we face in the budget. So the question then becomes, if we do need to spend more, and I'm certainly not disagreeing with you, we need to then cut something else. Are there other homeless programs whose funding you would cut back to get more money to the local community level, or are there programs within VA? Those are really our choices at the moment.

Paul.

Mr. EGAN. Thank you. It's not really a matter of cutting one kind of homeless program and adding to another because what you have today, in our opinion, is a lot of veterans being served by programs that are not directed at veterans. On that point, we would take exception to what Dr. Rosenheck had to say in his suggestion that veterans are essentially the same as all others who are homeless, whether they are veterans or nonveterans.

Mr. GOTTLIEB. I think he was making a distinction but not saying that they were identical. He was pointing out similarities.

Mr. EGAN. While it is true that veterans like nonveterans have problems of employment, have problems of housing, have problems of substance abuse and other sorts of psychiatric problems, there are some significant unique factors about veterans that are owing principally to their military experience, and even more specifically, owing to their combat experience. Dr. Rosenheck suggested, for example, that veterans who served between 1975 and 1980 are three times more at risk than those who served during the Vietnam era. He is talking about the Category IV people who were aggressively recruited during that period, the people who as far as the military was concerned were not the most ideal recruits. We had the same problem in the Vietnam era with what was not so fondly referred to as "McNamara's Morons," when people who clearly were not suitable for military service were brought into the military for the purpose of meeting personnel demands and the need to deploy large numbers of people in Vietnam.

Veterans are different, and that is the importance of getting some sort of targeting for veterans as a special needs population into the programs operated for HUD that do set aside money for special needs populations.

You asked what is it that can be done to assure that programs that are operating in two different places that at least ostensibly say that they are offering the same services—how is it that one can work and one can't? We suggested in our testimony in connection with our continuum-of-care services that we're not really helping anybody—in fact, we're enabling the condition of homelessness—if we aren't looking towards moving people along.

The object is getting people exposed to the services that they need, do everything you can to encourage them to accept and embrace those services to improve themselves, but the idea is to move people along a track towards reintegration into society. Certainly, there are going to be people who are going to fall back, who are going to regress, but unless we bring a continuum of services and unless we are prepared to measure the success of the continuum of services by looking at followup, there really isn't going to be any guarantee that all of these programs are going to work effectively.

Mr. YODER. I do have one question, Mr. Barnes, responding to your concern that veterans receive a fair share of the benefits of homeless programs. If the Congress were to propose that a program serving the general homeless population should set aside 30 to 40 percent of the money for veterans because 30 to 40 percent of the homeless are veterans, we would have to show that a program serving the general population wouldn't also serve the veteran portion of the homeless

population. If veterans are 30 to 40 percent of the homeless and a program serves everyone, wouldn't that program also be serving veterans even if it isn't a veteran-specific program and, as the witnesses have observed, didn't thereby have an opportunity to build on the special strengths of veterans as well as their uniqueness. But to defend a specific set-aside for veterans, we would have to show that general programs didn't serve the veterans in the general population. Do you have any evidence that general programs are not serving veterans?

Mr. BARNES. Yes. First of all, you heard Richard say that to his knowledge, no program asks people if they are veterans to begin with. You also heard testimony up here that the main thing that reintegrates veterans back into society is the common bond, the feeling of belonging, the whole military experience. Post Traumatic Stress Disorder I believe, personally, and VVA believes, is a much stronger issue in this whole veterans issue than has even been discussed here. My personal experience with homeless veterans is the vast majority—I can't justify this because I don't have statistics—but the vast majority are combat veterans. The ones that I deal with that I feed out on the river banks in Kansas City are combat veterans and have very severe PTSD problems.

I would suggest that a generic homeless program to resolve the problems of the generic homeless will not meet the conditions I have talked about—the common bond, the military experience, the Post Traumatic Stress Disorder. Even the whole concept of detox, that a gentleman that has a dual addiction or a problem with alcoholism—some people seem to suggest that if there aren't extenuating circumstances and you are able to dry this person out through a well-meaning program, they will be able to reintegrate themselves. I question whether that's true, but I can tell you that with the combat veteran with severe PTSD problems, you take away the self-medication and you are going to create a worse monster than you had before. Does that partially answer your question?

Mr. YODER. Well, your response goes to the unique nature of veterans, but I am not sure that it went to the question of whether generic general programs discriminate against veterans.

Mr. EGAN. Chris, if I can follow up. If a program that is for generic homeless individuals does not look to differentiate between veterans and nonveterans, and the program sees an individual with some mental problems complicated by substance abuse of one kind or another, and they address the problem of the substance abuse without identifying the nature of the mental disorder PTSD, that program will not serve that veteran.

Mr. YODER. You are going to treatment for a mental illness, which of course is going to be part of the solution for homelessness—

Mr. EGAN. Generic programs for homeless individuals don't ask the question about whether one is a veteran and, therefore, will never get to the question about whether PTSD is involved. We have seen this with the VA itself for years and years and years. For a long time, the outpatient clinics in VA were claiming that they treating more PTSD than the Vet Centers were on an outpatient basis. The fact is, they were treating people for schizophrenia, for neurosis, for depression,

for everything under the sun except for PTSD. The same thing can be said to be true in generic programs for homeless individuals that fail to differentiate between veterans and nonveterans.

By the way, the VA in our opinion is doing a much better job in identifying and treating PTSD as the evidence we've heard from the previous panel shows. Where you see successful programs for homeless veterans, you almost always find that at the hub of it all is a reliance on VA facilities of one kind or another to provide that full continuum.

But I think it is safe to say without any hesitation in answer to your question, Chris, that programs for generically homeless individuals will not identify the special and unique problems that veterans have, and those problems will never be rectified in generically homeless individual programs until veterans are identified as such.

Mr. GOTTLIEB. We've talked a lot about outreach and the Vet Centers. To your observation, are the Vet Centers in fact doing homeless veterans outreach to identify and bring them into the system? In your testimony, you suggest that the things that VA does best—that its primary missions at least are health care and benefits delivery. And until we bring people into that system to prevent or to at least deal with that aspect, then we have done really nothing. And as you say, Paul, the Vet Centers are in the communities. Should their missions be expanded to deal with more than what has traditionally been the Vet Center role?

Mr. EGAN. We have talked about this in a context of national health care reform as well. We have expressed some willingness to go along with an expansion of the mission of the Vet Centers. Surely, the concept of help without hassles—that is the founding principle of the Vet Center program—is something that is applicable here. We have only expressed the single reservation that collocation or expanded mission not interfere with what the Vet Center program is doing well right now. That is why in our testimony we were careful to use the language of "collocated with or near Vet Centers" to suggest the availability of other kinds of services.

We are willing to associate ourselves, to answer your question, with the idea, and we would like to have an opportunity to work with the Committee, if it chooses to go along that course, to find a way that will maintain the integrity of the Vet Center program while offering additional services that are clearly needed.

Mr. GOTTLIEB. Yes, it just seems to make good sense.

Thank you for your testimony and for travelling so far. This informal part of this hearing is now adjourned. The formal VSO testimony in addition to that of VVA will be taken at the budget hearing on March 10. Thank you all very much.

[Whereupon, at 1:25 p.m., the Committee was adjourned, to reconvene at the call of the Chair.]

APPENDIX

PREPARED STATEMENT OF CHAIRMAN JOHN D. ROCKEFELLER IV

Good morning, and welcome to today's hearing on homeless veterans. This is an issue that I am enormously concerned about, and I am glad to see a growing interest in addressing this problem.

The thought of a veteran wandering the streets, sleeping on heating grates, having to beg for handouts—a veteran who may have served in combat, a veteran who might suffer from a mental illness or drug addiction—is very troubling. The thought that a veteran—despite training in the military, an opportunity to receive VA medical care, benefits, and support—could end up homeless is hard to imagine. Even harder to imagine is that this is the predicament of so many veterans.

You have all heard the estimates: On any given night, up to 250,000 veterans—one third of the homeless—are on the street or in homeless shelters, and the numbers could be much higher.

When I chaired this Committee's last hearing on homeless veterans two years ago, the estimates were just as high. That's outrageous! We must do better! Does this mean better programs? More funding? Greater coordination? More attention paid to this issue? In a time of declining federal budgets, can we expect more federal money? These are the sorts of questions we must wrestle with today and in the weeks and months ahead.

We owe a tremendous debt of gratitude to the men and women who served in the armed services and kept our country safe and secure. What we owe in return for their sacrifices, at the minimum, is safety and security from homelessness.

Homeless veterans are in desperate need of not only affordable housing and job skills, but frequently, treatment for substance abuse and mental illnesses. In some cases, the reasons veterans become homeless are closely linked to their military service—war-related trauma like post-traumatic stress disorder, service-connected disabilities, economic hardship, missed opportunities from being in the service, and lack of job skills. Such a wide array of problems demands a wide array of services.

I feel strongly that, while VA has a special obligation to assist homeless veterans, it cannot do it alone. The General Accounting Office conducted extensive research into VA homeless programs and is releasing its findings to the public for the first time today. GAO has concluded, and I think correctly so, that the demand for services from homeless veterans far exceeds VA's capacity to meet that demand.

The Department of Labor has expertise in job training; HUD, in providing housing; VA, in providing health care and benefits. Nonprofit organizations are best equipped to provide emergency shelter, food, and clothing. And each should know how to refer homeless veterans to other services, so that no one goes from one agency back to the streets.

Our challenge is to coordinate federal programs and link them to state and community services. I am very glad to have witnesses from both the Department of Veterans Affairs and the Department of Housing and Urban Development, as well as representatives from community organizations, here today to discuss ways to respond to this issue.

I commend Secretary Brown for his stated commitment to help homeless veterans, and for sponsoring a national summit on homeless veterans that begins tomorrow. But I caution everyone that we—and I include Congress in that "we"—cannot just think about this issue when it is cold and snowy, or when there is a Senate hearing or national summit. Homelessness is a four-season issue. Putting a dent in this problem requires four-season solutions. I look forward to hearing how we can work together and more effectively to help homeless veterans.

PREPARED STATEMENT OF SENATOR DANIEL K. AKAKA

Mr. Chairman, I'd like to offer my own words of welcome to our many distinguished guests who are testifying on homeless veterans programs. I especially wish to thank Secretary Brown and Secretary Cisneros for taking time out of their busy schedules to participate in today's hearing. Both of them have demonstrated strong, personal leadership on the homeless front.

I specifically wish to recognize Secretary Brown's efforts to sponsor VA's "National Summit on Homeless Veterans," which is scheduled to begin tomorrow. I share his hope that the conference will draw increased attention to the plight of the homeless and stimulate productive discussion on ways to end this enduring social epidemic.

Thank you, Mr. Chairman. I look forward to working with you and other members of the Committee in addressing the housing, health, and employment needs of the estimated 250,000 veterans who daily wander our streets without shelter and, perhaps more importantly, without hope for the future.

Thank you, Mr. Chairman. I have a few questions that I would like to address to Secretary Brown at your convenience or to submit for the record.

PREPARED STATEMENT OF SENATOR BEN NIGHTHORSE CAMPBELL

It's no secret that homelessness among our Nation's veterans is shamefully high. It is estimated that there are between 150,000 and 250,000 veterans sleeping on American streets on any given night and twice that number over the course of a year.

In my home State of Colorado, it is estimated between 800 and 1,200 veterans are homeless at any given point. Studies indicate that veterans comprise between 30 and 50 percent of the overall homeless population. Unfortunately, the downsizing of the military, and the closure of bases like Lowry Air Force Base in Aurora, CO, will have a dramatic impact on the veteran population in Colorado. Additionally, as surveys by Transition Assistance Program (TAP) indicate, between 60,000 and 70,000 former service members plan to move to Colorado upon release of active duty.

When I look at these figures, it's clear we need to get ahead of the curve, and improve transitional and preventative services.

While the Federal government has created the legislation and response mechanisms necessary to address the problems facing homeless veterans, these programs often lack the funding or administrative empowerment to truly address the problem.

Often, veterans' advocates are forced to provide "cookie cutter" services to individuals who face multiple barriers to self sufficiency—like drug dependency and Post Traumatic Stress Disorder (PTSD). The service community is often hamstrung by rigid eligibility criteria and program requirements.

Making matters worse, only a small portion of the necessary funding is available for providers and the funding isn't flexible enough to meet the unique, regional needs of the community in a meaningful way.

It's my belief that the Federal government can help homeless veterans by stressing interagency cooperation, providing more grants and contract authority, increasing the availability of substance abuse treatment, and improving mental health services.

I also believe we need to create demonstration models providing comprehensive, one-stop assistance for homeless veterans and services specifically targeted for female veterans.

Mr. Chairman, I thank you for calling this important hearing.

STATEMENT OF SENATOR FRANK H. MURKOWSKI

Good morning. I welcome today's witnesses to our hearing regarding VA's homeless programs.

Homelessness is a formidable problem that effects almost every community in our country. The challenges that homeless Individuals face are many. Homeless shelters—while necessary—serve only as a temporary solution to the problem of homelessness. The underlying causes of homelessness, whether they be substance abuse, mental illness—or a combination of the two—or economic circumstances, need to be addressed in a comprehensive, multi-disciplinary manner.

The Department of Veterans Affairs' has excellent homeless programs which can serve as models to be emulated in other communities. VA's programs are based on the philosophy of a continuum of care and a recognition of the need for Intensive case management in the rehabilitation process. In general, once the veteran enters the VA system, there are a multitude of programs to address specific needs. Such programs include benefit counseling, substance abuse and psychiatric treatment and counseling, job training and placement assistance, and therapeutic community living. I am particularly pleased to have introduced in 1986 the legislation which created the Homeless Chronically Mentally Ill program. By coordinating resources both internally and with community programs, VA greatly reduces the chance of a veteran "falling between the cracks."

VA's efforts to address homelessness in Alaska have been evident and meaningful. The Anchorage VA is currently renovating a new 50 bed domiciliary to provide temporary shelter and rehabilitation to homeless veterans. This community-based program prepares veterans for independent living by offering comprehensive assistance, including medical and psychiatric treatment. Anchorage is also fortunate to be a site for Compensated Work Therapy and Employment Services which assist veterans in acquiring job skills. In addition, Anchorage has set up an Outreach Center which provides a realm of services ranging from laundry facilities to support groups.

My support for VA's efforts to assist our nation's homeless veterans will continue. I look forward to hearing the testimony from the witnesses. I thank you all for being here, and thank the Chair for calling today's hearing.

STATEMENT OF SENATOR STROM THURMOND

Mr. Chairman: I am pleased to be here this morning to hear testimony regarding homelessness among our veterans. I join you and our ranking member, Senator Murkowski, in extending a warm welcome to all the members of the five panels present today. This Committee appreciates your dedication to all veterans and we value the contribution of your knowledge and expertise. I am sure the testimony offered today will help this committee address this growing problem. I extend a special welcome to the Secretary of Veterans Affairs, the Honorable Jesse Brown.

Mr. Chairman, nearly three years ago the Department of Veterans Affairs released its report titled "Homeless Veterans Programs Evaluation." At that time it was estimated that approximately one third (250,000 of 700,000) of the homeless population were veterans. That document reviewed the programs then in existence to provide assistance to the homeless veterans and made a series of recommendations.

It is disturbing, Mr. Chairman, that these numbers appear to have remained constant. The 250,000 veterans currently living in America's streets still comprise one third to one half of the adult male homeless population. I am concerned that this situation may become worse as we continue the drawdown of additional service men and women.

Mr. Chairman, we must integrate our displaced veterans, including homeless veterans into the workforce of America. This will not be an easy task. Many of our homeless veterans suffer from chronic mental and physical illnesses. Others have suffered a temporary monetary set back. Many of our homeless veterans are proud individuals who simply need to regain their self esteem and work to lift themselves up in order to return to productive society.

Some of these homeless veterans will need medical treatment or therapeutic counseling. Some will need work therapy. Some will need financial counseling. While some will need a combination of the above.

I commend Secretary Brown and Secretary Cisneros for the initiatives that are in place or are planned for implementation. also commend the community based veterans organizations, and the national Veterans' Service Organizations for their enthusiasm and willingness to actively take steps to address this problem. I am encouraged by the apparent success of the programs initiated by these fine organizations. We need more community programs like these.

These programs highlight the need to coordinate the various Department of Veterans Affairs programs with other Federal, State and community programs, to address the broad needs of homeless veterans. The people of this Nation have voiced their desire to help our homeless veterans. It is important that we work to coordinate the various programs, so that we do not waste valuable and scarce resources on overlapping services.

Mr. Chairman, "an ounce of prevention is worth a pound of cure." While we must assist those who are already homeless, we must also place an emphasis on preventing more veterans from becoming homeless.

As I mentioned earlier, the current drawdown of our Armed Forces could add to the number of homeless veterans. I have supported, and will continue to support, readjustment programs that are well designed, cost efficient and effective.

Mr. Chairman, it is indeed a pleasure to have these officials and organizations before us today. As a result of this hearing, we will be better informed about the needs of the homeless veterans of this Country and efforts underway to address this serious problem. I appreciate them taking time to be with us, and I will continue to give careful consideration to their suggestions.

STATEMENT OF SENATOR JAMES M. JEFFORDS

Mr. Chairman, I am pleased to welcome Secretary Brown here today to discuss the current status of our homeless veterans in America. I am particularly pleased to see that the Department of Housing and Urban Affairs is taking an active role in working with the Department of Veterans Affairs to help solve the plight of these veterans.

Unfortunately, there are between 150,000 and 250,000 veterans who are homeless in our nation. These are astonishing statistics which prove that even though the VA has established some excellent programs for homeless veterans there is still much work to be done. These men and women who have served their country need the proper guidance and assistance to allow them to find a home, a job, and livelihood once again. I appreciate all the work the Departments of Veterans Affairs, Housing and Urban Development and Labor have done in this regard. Programs like the VA's Compensated Work Therapy/Therapeutic Residence program is an excellent example of assisting veterans with housing and work experience. However, in a time of reform efforts across the board, we need to take a close look at the needs of these veterans and the services that we presently offer them. I certainly understand there are tight budget constraints for the VA and believe it is time for the VA to look into further partnerships with non-VA homeless programs and initiatives. I also want to commend the VA for taking the initiative in presenting a two day national summit on homelessness among veterans this week.

I look forward to the discussions here today and hearing from the veterans who are here to share their experiences with us.

PREPARED STATEMENT OF THE HON. JESSE BROWN, SECRETARY OF VETERANS AFFAIRS

Mr. Chairman, before I begin my formal testimony, I want to thank you and the other members of this Committee for your continuing interest in the issue of homelessness among veterans—and for your efforts to support and improve VA's homeless assistance programs and activities.

For us in the VA, there is no question about the gravity of the problem. As you may know, I have made assistance to homeless veterans a top priority at the Department of Veterans Affairs—and I am delighted to have this opportunity to share some of what we know about the problem and describe what we are doing about it.

Numbers and Characteristics of Homeless Veterans

Right now there are roughly 250,000 veterans living on the streets of America, with perhaps twice as many experiencing homelessness over the course of a year. Veterans make up approximately one third of the homeless adult population and, in some areas, half or more of the adult male homeless population. Almost all homeless veterans are male—about two percent are female. Many other veterans are considered at risk for homelessness because of their poverty, lack of support from family and friends, and precarious living conditions in cheap hotels or in overcrowded or substandard housing.

More than half of all homeless veterans suffer from alcohol or drug problems and about a third of all homeless veterans suffer from severe mental illness. A significant portion of these men and women have both mental illness and substance abuse problems. To make matters worse, a growing number of our homeless veterans have AIDS, HIV, and/or tuberculosis.

Homeless veterans tend to be older and more educated than non-veteran homeless adults. Unlike other homeless adults, they also have access to a wide range of VA benefits and health care. Nevertheless, veterans still become homeless at the same rate as non-veterans and, in some age groups—most notably, the immediately post-Vietnam veterans—are more likely to become homeless.

This is an American tragedy—and it must not be allowed to stand. I personally believe that the way a society treats its veterans is an indication of who we are as a nation. That is why, in my view, the VA has an obligation to move forward in an aggressive, proactive manner to find solutions to this problem.

VA'S ABILITY TO ASSIST HOMELESS VETERANS

VA's specialized homeless assistance programs are all health care programs, which can treat eligible veterans with medical problems—and are largely limited to those with diagnosed mental health disorders, including substance abuse problems.

Through all of our various programs on both the benefits and health care sides of the house, we estimate that VA provides significant amounts of assistance to well over 50,000 homeless veterans each year and probably provides some kind of service to over 100,000. Our specialized homeless programs, by themselves, annually serve considerably more than 22,000 homeless veterans. We are also reaching additional homeless veterans—and dramatically expanding the overall amount of resources directed toward this problem—through new partnerships with a variety of public and nonprofit providers of services, including veterans service organizations.

VA MAINSTREAM PROGRAM ASSISTANCE TO HOMELESS VETERANS

Homeless veterans are also eligible for a variety of benefits, health care, and other support services from VA's regular or mainstream programs. Using conservative estimates, these programs annually direct several billion dollars of assistance to hundreds of thousands of at risk and homeless veterans. For example, many veterans who are currently receiving VA benefits or residing in VA hospitals, nursing homes, or domiciliaries would be homeless or at risk if they did not receive this help.

Inpatient Health Care. Each year, 171 VA hospitals and other facilities provide about one million episodes of inpatient care to veterans, including tens of thousands of homeless veterans. This inpatient care incidentally provides an at least temporary alternative to shelters or the streets—and often serves as a starting point for more extensive rehabilitation.

Discharge Planning. VA's Social Work Service has Homeless Coordinators in every VA medical center who work with the over 25,000 homeless veterans who leave VA inpatient care each year. These Homeless Coordinators work to help these veterans avoid homelessness by providing referrals to VA and non-VA community care and housing and employment assistance, ensuring receipt of available benefits, linking up the veterans with family and friends, and, when possible and appropriate, providing post-discharge follow-up.

Outpatient Health Care. VA health facilities also annually provide over 40 million episodes of outpatient health care, including basic medical care, alcohol and substance abuse treatment, mental health care, vocational rehabilitation, referrals, and counseling. Many of the assisted veterans are homeless or at risk. VA's 202 Readjustment Counseling Service Vet Centers offer special outpatient social services, counseling, and referrals to war zone veterans, and their Homeless Veteran Coordinators serve over 10,000 homeless veterans each year.

VBA Benefits. The Veterans Benefits Administration annually provides more than $17 billion in VA pensions and other benefits to about four million veterans—many of whom are homeless or at risk. To reach more homeless veterans, each of VBA's 58 Regional Offices has assigned a staff member to be a special VBA Homeless Coordinator. These Homeless Coordinators annually make over 3,000 visits to homeless facilities and over 3,500 contacts with non-VA agencies working with the homeless, and provide over 12,000 homeless veterans with benefits counseling and referrals to other VA programs. VBA has also instituted new procedures to reduce the processing time for homeless veterans' benefits claims. Although most VBA Homeless Coordinators do their outreach and service to homeless veterans on top of their regular duties, with recent increases in our homeless assistance funding, VA has been able to fund full-time VBA homeless outreach staff at eleven VA Regional Offices.

SpecialVA Homeless Assistance Programs & Initiatives

To supplement the important homeless assistance and prevention efforts of VA's mainstream programs, we also offer an array of special programs and initiatives specifically designed to help homeless veterans live as self sufficiently and independently as possible. Although VA's assistance is limited to veterans and their dependents, VA's major homeless-specific programs constitute the largest integrated network of homeless treatment and assistance programs in the country.

VA's specialized programs for homeless veterans began in 1987. The Homeless Chronically Mentally Ill (HCMI) Veterans Programs was authorized by Public Law 100–6 and the Domiciliary Care for Homeless Veterans (DCHV) Programs was authorized by Public Law 100–71. The HCMI program has been providing clinical and administrative oversight and guidance by the Mental Health and Behavioral Sciences Service in VA Central Office and the DCHV program has been overseen and guided by the Chief, Domiciliary Care Programs in VACO. From the beginning, both programs have been carefully monitored and evaluated by Dr. Robert Rosenheck, Director of the Northeast Program Evaluation Center (NEPEC) at VA's West Haven, Connecticut Medical Center.

Primarily as a result of NEPEC's extensive monitoring and evaluation procedures VA has been able to refine its programs for homeless veterans, expand its range of services, and develop new initiatives to better meet the needs of this patient population.

Health Care For Homeless Veterans (HCHV) Programs

In 1991, VA began referring to Mental Health and Behavioral Sciences Service's homeless veterans programs as the Health Care for Homeless Veterans (HCHV) Programs. This new umbrella term accomplishes two purposes: 1) it emphasizes that these programs provide a full range of health care to the homeless veterans they serve; and 2) the new title eliminates the stigma some homeless veterans feel from seeking services from a program labeled for the "chronically mentally ill." Although the HCMI program remains the largest Health Care for Homeless Veterans Program, most HCMI staff and clients have adopted the HCHV title. The following provides a brief description of each of the Health Care for Homeless Veterans programs.

- HCMI. VA's 57 Homeless Chronically Mentally Ill Veterans program sites provide extensive outreach, physical and psychiatric health exams, treatment, referrals, and ongoing case management to homeless veterans with mental health problems (including substance abuse). As appropriate, the HCMI program places homeless veterans needing more intensive treatment into one of over 125 community-based facilities run by nonprofit providers under contract to VA. Through these contracts, VA directs over $10 million to the nonprofit providers each year. The program serves over 12,000 homeless veterans each year, with over 3,000 receiving residential treatment. Of those veterans who stick with the HCMI program and "graduate" from the residential care component, over 90% experience significant improvements regarding their substance abuse problems, approximately 90% move on to permanent housing or some other institutional setting, and over three-quarters of those able to work have full or part-time jobs. Unfortunately, about 45% of the homeless veterans who enter the residential treatment component either abandon the program or are expelled for serious rule violations (e.g., violence or active substance abuse)—yet many of these veterans still exhibit clear measurable gains from their program participation. A follow-up study of a sample of homeless veterans 8 months after they were first contacted by HCMI staff showed that almost half were living independently, well over a third were in an institutional facility of some kind, and only about 15% were homeless.

- CWT/TR. In VA's Compensated Work Therapy/Therapeutic Residence program, disadvantaged at risk and homeless veterans live in one of 37 CWT/TR community-based supervised group homes while working for pay in VA's Compensated Work Therapy program (also knows as Veterans Industries). Four program sites with seven houses exclusively serve homeless veterans and a large portion of the veterans at all of the other sites are also homeless. In the current year, these program sites should serve approximately 350 homeless veterans.

- HUD-VASH. In this joint Supported Housing program with the Department of Housing and Urban Development, VA staff at 19 sites provide ongoing case management and other needed assistance to place homeless veterans in permanent housing supported by 600 specially-designated HUD rental assistance vouchers and then help them stay in the housing long term. HUD has recently made an additional 750 vouchers available.
- SSA-VA Outreach. In this four-site pilot project with Social Security Administration, HCMI and Homeless Domiciliary staff coordinate outreach and benefits certification with SSA staff to increase the number of veterans receiving SSA benefits and otherwise assist in their rehabilitation. These pilots have dramatically increased the number of homeless veterans applying for and receiving SSA benefits, and drastically shortened the length of the application and certification process.

DCHV Program. VA's 31 DCHV program sites provide comprehensive bio-psychosocial rehabilitation services specifically intended to return each veteran to independent community living. Addressing the complex causes and results of homelessness in the veteran population in a holistic manner, this program assists over 3,000 patients per year. Of those veterans who stick with the DCHV program and "graduate," about 90% or more experience significant improvements regarding thei · substance abuse and other health problems, approximately 98% move on to permanent housing or some other institutional setting, and over two-thirds of those able to work have full or part-time jobs. Unfortunately, about 40% of the homeless veterans who enter the homeless domiciliaries either abandon the program or are expelled for serious rule violations (e.g., violence or active substance abuse)—yet many of these veterans still exhibit clear measurable gains from their program participation.

Drop-In Centers. These programs provide a daytime sanctuary where homeless veterans can clean up, wash their clothes, and participate in a variety of therapeutic and rehabilitative activities. These drop-in centers are not stand-alone programs but work in tandem with VA's other homeless assistance programs to serve as a starting point for longer term VA assistance.

Comprehensive Homeless Centers. VA's Comprehensive Homeless Centers (CHC's) place the full range of VA homeless efforts in a single medical center's catchment area and coordinate their administration within a centralized framework. With extensive collaboration with non-VA efforts, VA's CHC's in Dallas and Brooklyn provide a comprehensive continuum of care that reaches out to homeless veterans and helps them escape homelessness.

VA Assistance to Stand Downs. VA programs and staff have actively participated in each of the Stand Downs for Homeless Veterans run by local coalitions in various cities. In wartime stand downs, front line troops are removed to a place of relative safety for rest and needed assistance before returning to combat. Similarly, peacetime stand downs give homeless veterans 2-3 days of safety and security where they can obtain food, shelter, clothing, and a range of other assistance, including VA-provided health care, benefits certification, and linkages with other programs.

Acquired Property Sales for Homeless Providers. This program makes all the properties VA obtains through foreclosures on VA-insured mortgages available for sale to homeless provider organizations at a discount of 20 to 50 percent, depending on their time on the market. Fifty of these properties were just recently made available for lease for the first time. To date, 28 properties have been sold through this program and 22 have been leased. For example, the Jewish War Veterans have purchased a property in Pittsburgh a'~s part of a new partnership with the VA homeless programs there; and the GI Forum and several other veterans groups have purchased or leased six properties in the Denver, Colorado area. The program is now moving properties much more quickly than before.

Partnerships with Others. To expand resources directed to assist homeless veterans and improve coordination of services, VA has developed numerous partnerships at the local level with public and private agencies and nonprofit organizations, including veterans service organizations. One notable example is our joint effort with the American Legion in Pittsburgh, where VA staff place homeless veterans in transitional homes purchased and maintained by the Legion and then provide ongoing rehabilitative case management and other support. Similar partnerships are underway between VA and Disabled American Veterans (DAV) in Syracuse, New York, the National Organization of Black Veterans in Wisconsin, and both the Connecticut State

Department of Veterans Affairs and the Vietnam Veterans of America (VVA), among others. An example of another partnership model is the drop-in center established by the VA homeless domiciliary and the St. Vincent DePaul Society, which is based at the Society's soup kitchen in Bay Pines, Florida. In addition, local chapters of the Veterans of Foreign Wars, DAV, VVA, and the American Legion Auxiliary, and other veterans service organizations provide a range of other volunteer, in-kind, and cash assistance to support VA homeless assistance efforts. We expect to announce a number of new partnerships with various public and private agencies and organizations in the coming months.

MOVING FORWARD

Despite everything described here, VA cannot assist every homeless veteran. Ending homelessness among veterans, or all homelessness, will take a combined effort by Federal, State, and local government, the private sector, and voluntary efforts. Toward this end, we have set the following goals:

- Improve and expand VA assistance to homeless veterans;
- Raise awareness of the problem;
- Encourage and support non-VA efforts to help homeless veterans;
- Create a medium by which VA and others can come together to share information and resources; and
- Expand VA partnerships with other government agencies, nonprofit organizations and others.

To move toward these goals, we have already taken a number of important actions.

Recent Homeless Program Funding and Expansion.

In FY 1993, VA directed less than $50 million to its specialized homeless programs. This year, VA is directing almost $70 million to homeless assistance (a $20 million or 40 percent increase). Some of this new funding came from new Congressional earmarks, such as the $8 million appropriated specifically to implement programs that were authorized under Public Law 102–590, the Homeless Veterans Comprehensive Service Programs Act of 1992. Also, I allocated an additional $4.8 million from other VA accounts to support program expansions. Taken together, the new funding has enabled us to support the following:

- 8 new HCMI programs and two expansions;
- 13 HCHV Outreach and Supported Housing initiatives
- One new and four expanded CWT programs
- Two projects to improve eligible homeless veterans access to VA and Social Security Benefits
- One augmented Psychiatric Residential Rehabilitation and Treatment Programs (PRRTP) for homeless veterans
- Two new and two expanded DCHV Programs
- 40 Stand Downs For Homeless Veterans
- Several new HUD-VASH programs[1].

In addition, the $8 million provided by Congress to support the implementation of Public Law 102–590 has been allocated for the purposes described in the law as follows:

- $1.6 million to support four new Comprehensive Homeless Centers. VAMC Pittsburgh (Highland Drive) has been selected as the site for one of these new Comprehensive Homeless Centers. Three other VA facilities are under consideration.

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[1]HUD is completing its process of selecting Public Housing Authorities to receive Section 8 Vouchers for homeless veterans. Once HUD Has completed this process, VA will then distribute additional FTE and funds to nearby VA medical care facilities to hire clinicians to provide the case management services to veterans who receive the dedicated vouchers.

- $876,000 to support VBA Counselors to do full-time homeless outreach in conjunction with VA's homeless assistance programs. To date 11 VA medical centers have received funds for this initiatives. They include Dallas, TX; Brooklyn, N.Y.; Allen Park, MI; San Francisco, CA; Minneapolis, MN; West Haven, CT; Cleveland, OH; Pittsburgh, PA; Baltimore, M.D.; West Los Angeles, CA; and Milwaukee, WI. Unfortunately, some regional offices are reluctant to apply for this funding because new FTEE do not accompany it.

- $5.5 million for the Homeless Veterans Providers Grant/Per Diem Program. VA is developing regulations for this program, which will provide loans and per diem payments to public and nonprofit providers of transitional assistance to homeless veterans. In preparation of the draft regulations and in compliance with Executive Order 12866, VA invited over 250 non-VA organizations to assist with the development of the draft proposed rule. VA followed up with an invitation to respondents and other nonprofit organizations to attend a one day meeting on December 17, 1983, to further discuss the regulations. This meeting was attended by 18 representatives from non-VA organizations. At the time the final rule is published in the Federal Register, VA expects to publish a Notice of Funding Availability (NOFA) in the same issue. Those interested in applying for funds will have 30 days to respond to the NOFA. VA expects to take about one month to review applications and expects to be able to conditionally select grant recipients by September 1994.

VA also has another new program coming on line soon to help nonprofit providers of services to veterans with substance abuse problems, many of whom are either homeless or at serious risk of homelessness. This new *VA Transitional Housing Loan Program* will provide loans of up to $4500 to nonprofit organizations providing leased transitional housing assistance to substance abusing veterans VA will make the loans on a first-come-first-served basis. The loans must be paid back within two years, and the interest rate VA charges on the loans cannot exceed 2% more than the rate the Department of Treasury charges VA for the use of the $100,000. To be eligible for loans, applicants must have a good credit history and experience in successfully operating transitional housing or similar services for persons with substance abuse problems.

Other Recent VA Homelessness Initiatives

In addition to implementing these new programs, VA is taking major steps to further assess the needs of homeless veterans, heighten awareness of the special problem of homelessness among veterans, and encourage closer cooperation and collaboration between VA and other Federal Agencies, State and local governments, and other public, private and nonprofit organizations in order to improve assistance to homeless veterans. More personally, I have taken the following actions:

- Assistance to Homeless Veterans a Top VA Priority. On April 30, 1993, I sent a Nationwide Directive notifying VA officials that assistance to homeless veterans is a top VA priority and directing them to take steps to improve VA assistance to homeless veterans.

- Leadership Role in Federal Homeless Efforts. On May 19, 1993, I was elected as the Co-Vice Chair of the Interagency Council on the Homeless. The role of the Council (now a working group of the White House Domestic Policy Council) is to coordinate and develop Federal homeless assistance efforts.

- New Federal Plan to End Homelessness. Because of my role as Co-Vice Chair of the Interagency Council on the Homeless, VA is playing an active role in the development of the new Federal Plan to Break the Cycle of Homelessness, which will be issued soon. The new Federal Plan will call for the development of community-based comprehensive continuums of care for homeless persons, which is exactly what VA has been developing for homeless veterans for the past several years.

- New VA Homelessness "Czar." Several months ago, I appointed Dale Renaud, VA's Deputy Assistant Secretary for Intergovernmental Affairs, to serve as Special Assistant to the Secretary on Homelessness. In this position, Mr. Renaud is working to improve the coordination and operation of VA homeless assistance efforts, manage my special projects regarding homelessness, and reach out to other public and private entities to coordinate efforts and build new partnerships.

- VA National Summit on Homelessness Among Veterans on February 24-25, 1994. I decided to hold this first-ever VA homelessness summit in order to bring more national attention to the special problem of homelessness among veterans; provide a forum for sharing ideas, information, and expertise; improve public and private efforts to help homeless veterans; and encourage new public and private initiatives and partnerships. Over 350 people from outside of Washington, D.C. have registered for the VA National Summit, along with roughly one hundred from the greater D.C. area. Participants include representatives from the full range of public and private providers of assistance to homeless veterans—including state and local departments of veterans affairs, the national and local chapters of the veterans service organizations, VA, other Federal agencies, and others. We believe that, by bringing all these people together at the Summit, we can set the stage for some remarkable progress toward helping homeless veterans—and make a powerful contribution to the overall effort to end homelessness in the United States.
- One-day Assistance Fair for Homeless Veterans in the D.C. area. To complement the VA National Summit, VA is also hosting a one-day Assistance Fair for homeless veterans in the D.C. area., which is already underway as this hearing takes place. Over 500 homeless veterans preregistered for this unprecedented collaborative effort. To support this effort, the General Services Administration provided free access to the Mellon Auditorium at 13th Street and Constitution Avenue, NW. free of charge. VA and a number of locally-based providers and volunteers are offering a wide range of helpful services for homeless veterans. VA health care personnel at the Assistance Fair are providing medical exams, minor assistance, and referrals. VA benefits counselors are assisting homeless veterans to apply for VA pensions and other benefits payments and are providing other benefits counseling. VA homeless program staff and other VA Medical Center personnel are providing substance abuse and mental health counseling and helping to link the veterans up with VA inpatient and outpatient health care, specialized homeless programs, and other assistance. In addition, representatives from other Federal agencies, the D.C. Government, veterans service organizations, and nonprofit service providers are offering other assistance, including job training and employment information, haircuts from homeless barbers, ID cards, housing information, access to other public assistance, and the like. A hot lunch provided by local chapters of the American Legion and AMVETS will be served to all homeless veterans who participate; and clothing, winter coats, personal hygiene kits, and other supplies will be distributed to the homeless veterans at the end of the event.

Looking to the Future

The FY 1995 VA Budget and Homeless Assistance

The President's Budget for FY 1995 provides an increase in funding to maintain our existing efforts. These are, as you all know, very tough budgetary times. To continue expanding assistance to homeless veterans, we at VA will spend our funding more wisely and will continue to increase our efforts to forge new partnerships and bring more non-VA resources to bear on the problem.

To continue VA's increasing support of non-VA efforts—especially those that complement VA's programs or serve areas we do not currently reach—we hope to continue directing at least $5 million in funding to the new VA grants and per diem program for public and nonprofit providers of assistance to homeless veterans in FY 1995. There is some question, however, as to whether VA has adequate statutory authority to continue this program beyond FY 1994. We look forward to working with this Committee, and others in Congress, to make sure that we can continue this critically important program.

National Assessment to Identify and Better Address Homeless Veterans' Needs

VA's monitoring and evaluation of our homeless programs provide a wealth of useful information regarding the characteristics and needs of homeless veterans that these programs contact. But, as this Committee knows, more comprehensive, national information is needed. Indeed, P.L. 102–405 directed VA to initiate a national assessment to obtain this kind of information.

Some useful information can be obtained informally. For example, during the last portion of the VA Summit on Homelessness Among Veterans, participants will provide

information and insight regarding the needs of homeless veteran in their communities. They will also suggest priorities for moving forward and suggest concrete steps that VA and others can take to meet those needs and address those priorities.

To obtain harder data, VA has been working with a number of the member agencies of the Interagency Council on the Homeless to fund and support a detailed national survey of the characteristics and service use of today's homeless persons, including veterans, which would be administered by the Census Bureau. The survey document has been designed and tested, with considerable input from VA, and the member agencies of the Interagency Council are currently exploring ways to fund the complete survey.

To supplement the Census survey and VA's other information collection efforts, VACO and NEPEC staff have been working to develop a standardized model that VA medical centers can follow to create a community planning process that will not only identify the local needs of homeless veterans but develop a coordinated strategy to meet those needs. This planning process would bring together representatives from all relevant public and private agencies and organizations in each VA medical center's cachement area. Besides collecting useful information, this process should also reinvigorate each VAMC's and VARO's homeless assistance efforts and stimulate new supportive activity by other providers in the community—including new partnerships with VA.

We appreciate the fact that this Committee and the Congress understood the complexity and time requirements for this kind of national assessment effort and did not set a fixed deadline for its completion in P.L. 102–405. We began working on this matter soon after P.L. 102–405 was issued, and we expect that our nationwide assessment and community building effort—which will cover each of VA's 151 medical centers and 58 regional offices—will be completed by the Fall of 1995.

Health Care Reform

Health care reform will also change the way VA operates. But, under the proposed Health Security Act, VA will continue operating in every State—and, for the first time, veterans will be able to use VA as their health care provider. Homeless veterans (along with low-income and service-connected veterans) will continue to be eligible for the full range of VA services that they currently receive—which is a broader range than the basic health care reform package. New sources of funding for VA health care will include a $3.5 billion health care trust fund and receipts from Health Alliances and Medicare. These new income sources benefit the currently-eligible veterans, including those who are homeless. Moreover, the competition created by health care reform will help to improve VA efficiency and customer service.

Compared with other health care providers, VA has unique programs and expertise for serving homeless veterans and other at-risk populations, such as low income veterans with PTSD, other mental illness, or substance abuse problems. It makes sense for VA to continue focusing on these areas in the competitive health care market after health care reform. There is a risk, however, that some VA medical centers will want to favor the "paying customers" who bring in new resources rather than VA's original constituency. Indeed, there is already an unfortunate tendency among some VA personnel to prefer working with regular middle-class veterans who keep their appointments, take their medications, and treat the doctors with deference and respect, than deal with the complexities of treating seriously mentally ill or homeless persons.

These prejudicial attitudes are inconsistent with proper health care practices, and I will not let them influence VA policy or practice. We will continue to instruct each VA field facility and every VA staff member to treat homeless veterans with the same courtesy, care, and respect as any other veteran. Indeed, I expect homeless veterans to be given extra special attention because of their especially disadvantaged circumstances.

Through health care reform, we at VA will actively compete to not only continue serving homeless veterans but to expand that service to reach more homeless veterans throughout the country. Their challenging clinical problems bring out the best in the most dedicated members of our medical and nursing staffs. Moreover, by continuing to target homeless veterans as a top priority, VA can provide a critically needed component of each State's of community's health care system—a component that might otherwise be ignored.

CONCLUSION

Unfortunately, the many programs and new initiatives I have outlined here today will not solve the problem of homelessness among veterans. But we believe VA is moving in the right direction. Working together with other public and private providers and agencies, we can begin to manage this problem—and help increasing numbers of our nation's homeless persons to lead quality and constructive lives. And through our special efforts to help homeless veterans, we as a nation will be expressing our appreciation to those who have served our country, and made many sacrifices on our behalf.

All of us owe these men and women no less.

PREPARED STATEMENT OF THE HON. ANDREW CUOMO, ASSISTANT SECRETARY FOR HOUSING AND URBAN DEVELOPMENT

Chairman Rockefeller, Senator Murkowski, members of the Committee, thank you for inviting me here today to discuss the Department of Housing and Urban Development's (HUD) role in addressing the needs of homeless persons who are veterans. Secretary Cisneros would like to be here but he has other commitments he could not break. First let me compliment Secretary Jesse Brown, who is Co-Vice-Chairperson of the Interagency Council on the Homeless, and his Department of Veteran Affairs (VA) for the excellent work that he and his agency has done in providing services to homeless veterans. Those who have served our country deserve the best we can give. This week, the VA is sponsoring a homeless summit which should call the nation's attention to the needs of homeless veterans. I am pleased that the VA has included HUD as participants in this conference.

Approximately 30 to 45 percent of the adult homeless population has served their country in the armed services. The vast majority are single. About 40 percent of the homeless veterans suffer from mental illness and 50 percent suffer form alcohol or other drug abuse. About 10 percent of homeless veterans suffer from post traumatic stress disorder.

VA is the lead Federal agency for addressing the needs of the veteran. Homeless veterans are eligible for a variety of benefits including income support, health care, and other supportive services from regular VA programs. The VA also has developed a set of special supplemental programs specifically designed to address the needs of the homeless veteran.

Although veterans are not targeted specifically for special assistance by a program in HUD, veterans are an important element of the many homeless persons whom HUD grantees serve throughout the United States. I would like to take this opportunity to give a brief overview of HUD's approach to addressing homelessness and some examples of projects and programs which have served veterans.

Secretary Cisneros has identified helping to reduce homelessness in America as our number one priority at HUD. President Clinton and Secretary Cisneros and the Congress have significantly increased the amount of assistance for homeless persons in the HUD budget. In FY 1994 the amount of homeless assistance provided by HUD increased to $823 million from $571 million in FY 1993, a 44 percent increase. For FY 1995, the Administration is proposing $1.7 billion for HUD homeless assistance, more than double the FY 1994 HUD homeless assistance. This increase includes more than $500 million in Section 8 assistance for permanent housing.

In administering this assistance, Secretary Cisneros is committed to reducing the number of homeless Americans through partnerships with local governments and private nonprofit groups. To accomplish this goal, HUD is transforming the way it addresses homelessness. We propose to reorganize the current fragmented system by developing a comprehensive approach called "continuum of care." To be effective, a homeless system must provide three distinct components of organization. First, there must be an emergency shelter/assessment effort which provides an immediate alternative to the street, and can identify an individual or family's needs. The second component offers transitional or rehabilitative services for those who need them. Such services include substance abuse treatment, short-term mental health services, independent living skills, etc. The third and final component, and which every homeless individual and family needs, is permanent housing or supportive housing arrangements. While not all homeless individuals and families will need access to all

of these components, unless all three components are coordinated within a community, none will successfully.

We look forward to working with the distinguished members of Congress in pursuing the "continuum of care." HUD and VA have a history of working together to serve the homeless. I would like to share some examples here.

The HUD-VASH Demonstration Program

HUD and VA are collaborating on targeting the unique supportive housing needs of veterans who suffer from mental illness and/or substance abuse in an important ongoing initiative, HUD/VA Supportive Housing Demonstration. This collaborative effort between HUD and VA couples HUD's Section 8 voucher program with VA case management services. It will establish a model program of supportive permanent housing in the community for homeless veterans with mental illness or substance abuse problems. This joint program was initiated after evaluations of VA's existing homeless programs found that supported permanent housing was a key missing component of VA's continuum of care for homeless veterans. VA could provide the medical and social service treatment necessary to prepare and enable homeless veterans to live in permanent housing. But it could not provide the special financial assistance to many homeless veterans who needed housing.

HUD initially committed approximately $17.9 million section 8 authority that will support nearly 600 vouchers for 5 years. These vouchers were awarded to local Public Housing Authorities that will cooperate with 19 VA specialized programs. The VA is conducting a rigorous evaluation of this effort and we are looking forward to its findings.

HUD continues to support this worthwhile demonstration which illustrates the continuum of care when fully implemented. In FY 1994, HUD will provide an additional allocation of $19.1 million that will generate approximately 600 more vouchers for the Demonstration Program. On September 30, 1993, a competition for these funds was opened to Public Housing Authorities serving areas containing 77 VA medical centers. We expect the results of the competition to be made available by the end of March 1994.

Section 8 Vouchers for Homeless Persons with Disabilities

Most recently, the Department announced the availability through national competition of $134 million in Section 8 rental voucher funding for very low-income homeless persons with disabilities and their families. The NOFA was issued in the February 1, 1994 Federal Register. We worked with VA to ensure that homeless disabled veterans are explicitly eligible to receive assistance. Veterans who are homeless may benefit in a number of ways:

(1) They and their families may receive help if they are very-low income homeless persons with disabilities who reside in transitional housing facilities for homeless persons, or they are in the VA Domiciliary Care for Homeless Veterans program. Additionally, any homeless person who is in the residential care component of the VA Homeless Chronically Mentally Ill programs and the VA Compensated Work Therapy/Therapeutic Residence program for homeless veterans would participate for the $134 million in vouchers.

(2) The program also helps other very-low income homeless persons with disabilities who are residing on the street or in emergency shelters.

This HUD initiative will add balance to current efforts that address homelessness by assisting communities in creating a local continuum of care.

In addition to specific joint initiatives between HUD and VA, HUD has awarded excellent grants through its programs to nonprofit organizations which serve veterans. The most recent example is the Innovative Homeless Initiatives Demonstration Program.

Innovative Demonstration Program

In February, 1994, HUD announced the award of $25 million in grants to support innovative homeless programs designed to strengthen local continuum of care initiatives. Grants to 48 nonprofit organizations in 26 states will help reach homeless people immediately while filling the gaps in local homeless programs for the long term. Local governments and nonprofit groups will work to fill gaps in their continuum of care for the homeless to create a seamless system for the first time.

A good example of an innovative design involving the homeless veterans is the New England Shelter for Homeless Veterans in Boston, Massachusetts funded at $371,657 out of the $25 million. The project will provide specialized case management services including mental health services, financial management and legal assistance to

Vietnam veterans. The project is particularly innovative in that it represents collaborative, cooperative efforts between the Workshop and local universities and hospitals to provide the services.

Shelter Plus Care and Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Programs

President Clinton highlighted the importance of addressing homeless needs when he and Secretary Cisneros announced on December 21, 1993, the allocation of nearly $411 million in HUD grants for homeless families and individuals across the country. Of this total, $298 million was awarded in Shelter Plus Care assistance and an additional $113 million was awarded under the Section 8 SRO program.

The Shelter Plus Care program provides grants to States, local governments, public housing agencies, and Indian tribes to be used for rental assistance for homeless people with disabilities. The housing provided is connected with supportive services funded from non-Shelter Plus Care sources to treat people with mental illness, drug or alcohol problems, and AIDS. The services are specifically tailored to the population to be served.

An excellent use of Shelter Plus Care funds to serve this need is a project sponsored by the Western New York Veterans' Housing Coalition, Buffalo, New York, funded at $633,960 in 1993.

Since 1988 the Section 8 SRO program has provided over $460 million for the development of approximately 10,400 units for previously homeless individuals. Applicants are not required to serve a particular segment of the homeless population. However, the program does allow them to target services to groups such as veterans, and several projects focusing on serving homeless veterans have been funded.

Supportive Housing Program

The current Supportive Housing Program is designed to promote the development of supportive housing and services to assist people in the transition from homelessness to independent living. Assistance can be in the form of permanent or transitional housing and supportive services. Overall, 38 percent of the transitional housing projects and 19 percent of the permanent housing projects served veterans.

One of the recently awarded projects that will be coming on-line in Baltimore. There, a $7 million dollar 120 bed transitional housing facility was sponsored by the Maryland Homeless Veterans and the City of Baltimore. In the project, homeless veterans will be assisted through a comprehensive array of supportive services delivered by in-house staff, volunteers, and a network of social welfare organizations in the city.

Emergency Shelter Grants (ESG) program

The Emergency Shelter Grants Program provides formula allocations to 50 states, the District of Columbia, Puerto Rico, the Insular Areas, as well as 320 large cities and urban counties. Grantees have discretion to fund rehabilitation, operating costs, and social services in emergency and transitional shelters, and to fund homeless prevention activities. A recent evaluation of the program found that between 3,000 and 3,500 homeless and shelter and service provider agencies received funding under the program. While HUD does not require recipients to report veteran status for persons receiving services in ESG funded programs, it is likely that many veterans are receiving ESG funded services.

Title V Federal Surplus Properties

The program offers suitable unutilized, underutilized, or surplus Federal properties without charge to States units of local government or nonprofit organizations for use to assist the homeless. HUD's role is limited to making determinations of suitability, while HHS has responsibility for reviewing applications for property. An example of assistance to veterans under this program was the leasing and subsequent deeding of a ten-story Federally-owned building in Boston to the Vietnam Veterans Workshop, Inc. in November, 1990, to provide housing and support services to homeless veterans.

Single Family Property Disposition

HUD makes available up to 10 percent of the inventory of HUD-held single family properties for lease to local governments or nonprofit organizations to assist the homeless. Rent is $1.00 per year but the organization is responsible for all repairs, taxes and utilities. The lease period is for five years and organizations may purchase the property at any time at a 10 percent discount. The Homeless Veterans Fellowship in Ogden, Utah has leased four units to assist homeless single men in their substance abuse program.

Los Angeles Earthquake

Veterans have also benefited from HUD's assistance in addressing the devastation caused by the recent Northridge earthquake. We have provided $250 million dollars in Community Development Block Grant assistance and $200 million in short-term Section 8 Certificates. We are still assessing the impact on the existing homeless shelter and service infrastructure. The Section 8 funds will support approximately 10,000 new 18-month rental assistance certificates in the area. Secretary Jesse Brown has written to Secretary Cisneros asking that recently displaced veterans and veteran-headed households receive their fair share of the Section 8 rental assistance. The Department is reviewing his suggestion and will respond in the near future.

Thank you for the opportunity to share ideas with you today. I believe that the newly expanded homeless programs of HUD and the new approaches we are proposing should help many homeless persons—including veterans. However, in the long run, we must find more permanent solutions to homelessness and poverty in America.

PREPARED STATEMENT OF JIM L. COULTHARD, DIRECTOR, TRANSITIONAL HOUSING FOR VETERANS COUNCIL OF MINNESOTA, MINNEAPOLIS, MN

We are a 501(c)3 nonprofit organization, governed by a Volunteer Board of Directors, consisting of professionals in the area of chemical dependency, industry, labor, medicine, including a Major general in the Army Reserves. The board is also advised by professionals from the veteran's community, the VA Medical Center and the Regional Office, the Vets Center, Veterans Service Organizations and concerned veterans.

- January, 1992: started with one house. Capacity (4) homeless veterans.
- January 1993: Collaborative effort between VA Medical Center/Mpls, rehabbed existing VA bldg. house (13) homeless veterans.
- July 1993: Negotiated HCMI contract with the VAMC.
- October 1993: Accepted VA regional property that can accommodate (4) homeless veterans.
- November 1993: Accepted an additional VA regional property that can accommodate (4) homeless veterans
- November 1993: Incentive Work Therapy Program with the VA Medical Center implemented.
- January 1994: We have served over 60 veterans to date.

Our program starts with the belief or premise that those who are truly capable to take self responsibility, can make a change. In fact change only comes with ones self responsibility and assessment. Removing the barriers which create and sustain homelessness, continuing a "homeless lifestyle," "making do," can only be done by the individual themselves. While we can provide financial assistance, social, housing and medical programs, counseling and temporary shelter, the homeless must address the "reasons for homelessness" to solve this national problem.

Alcoholism, drug dependency, violence, criminal activity, mental illness, lack of education, unemployment/underemployment, lack of hope, feeling of failure, disregard of self care, the list goes on. We need to stop focusing on "cause and effect" and start dealing with "what is" (reality). Stop the behaviors that defeat change and start behaviors that promote positive change in ones life.

We at Transitional Housing for Veterans Council of Minnesota believe there is a program today, that can provide the assistance needed by the homeless to make change! That program is the 12 Step program of Alcoholic Anonymous. This program provides a foundation for living and foster change, IT IS NOT ONLY FOR ALCOHOLICS! The bases for the 12 Step approach to life is: Define the problem/problems (self), find a solution to the problem (may require the assistance of others), commit to the solution (self). At Transitional Housing before we accept a resident, they must make a commitment to the 12 Step Plan.

At the time of admission a professional assessment is conducted by our staff and we require the new residents to assess themselves and determine what are their goals. These assessments are critical for both the resident and our program, this is the bases

for success. This process can be the weak link in the road to individual success, we need to deal with addictions, isms. cultural beliefs, treatment plans/methodology, individual capabilities and the many mixed messages one receives about their plight and how to resolve it.

Example: Resident is told by medical staff to deal with their addiction first and not to work; Jobs & Training feel that they should take a job and feel good about themselves; Education professionals tell them that they need to learn new marketable skills; others indicate that they are really disabled and need to apply for Social Security or Veterans Pensions.

At Transitional Housing we do not claim to have the right answers, but we do know that this is a critical time for our residents. Therefore we require the resident to be honest, to assess their strengths and weakness, identify the problems, seek assistance from others (both peers and professionals), determine their goals and commit to success.

Once we have the commitment of the resident to change addictive behaviors or their self defeating life styles, we can begin to assist them in achieving their goals. The most important part of our work is keeping the environment free of discrimination, violence, harassment, intoxication and utilizing time, so each resident has an opportunity for a staff approved full time productive day. A "productive day" means that the residents participate in good self hygiene and personal care, three nutritious meals, recovery meetings, medical/mental health follow-up, educational/vocational assessments or training, employment and social activities. We also require that each resident share daily household duties and accept assistance from staff and peers in the interaction of all homes residents.

Once this foundation to recovery is established, we begin the process of coordinating the currently available training and programs that meet the specific needs of each resident. In Minnesota we feel that there are programs that fits nearly of all of the individual needs. We work very closely with the VA Medical Center, to provide medical and mental health care, drug dependency counseling, PTSD counseling and various other medical needs. The Minnesota Department of Veterans Affairs can provide financial assistance, dental and optical care for eligible residents. We use County Economic Assistance when required. Jobs & Training provides access to job openings and some cases vocational training. Veteran organizations provide both funds and volunteers to furnish the home or provide personal needs of the resident. They visit with residents over the holidays and provide a link with the community. We have also gotten considerable support from the private sector both financially and politically.

In this short written review we have attempted to outline the philosophy and program of the Transitional Housing for Veterans Council of Minnesota. We would like to close on these following observations:

1. The single most important factor that can prevent homelessness or return of the homeless to their rightful place in society is providing good alcohol/drug treatment based upon the Minnesota Model of Treatment/AA 12 Step Program.

2. A through assessment of each individuals needs must take place. Special consideration must given to those individuals with dual diagnosis of drug dependency and mental health issues. (The individual must be able to make a personal commitment to recovery.)

Thank you for the opportunity to address this committee and we look forward to answering any questions you may have.

PREPARED STATEMENT OF RALPH COOPER, M.ED., EXECUTIVE DIRECTOR, VETERANS BENEFITS CLEARINGHOUSE, INC., ROXBURY, MA

Chairman Rockefeller, Committee Members, Members of the Senate, Distinguished Veterans and Colleagues: This nation has an opportunity to move our homeless veterans out of "warehousing" and into the world of work. Veterans Benefits Clearinghouse, Inc.(VBC), like many other community-based veterans' organizations, (CBVO's) recently applied to the Department of Housing and Urban Development (HUD) for funding under its Innovative Homeless Initiatives NOFA. To the credit of HUD, this initiative could have had a positive impact on saving the lives of homeless veterans, especially in the Northeast areas. HUD, however, decided to fund only one veterans' shelter in the whole country.

The Department of Veterans Affairs recently announced a 5.2 million dollar Homeless Grant and Per Diem Program to provide outreach, rehabilitative services, vocational counseling and training, and traditional housing assistance to veterans.

These programs will not, of course, end the plight of the more than 250,000 veterans who are homeless on any given night in the United States of America, but they represent a stellar first step, and we must do more.

In December of 1992 I sat at a Veterans Roundtable hosted by President Clinton's Transition Team in Little Rock, Arkansas. My contribution to that roundtable was a Concept Paper of thirteen recommendations. Many of those recommendations appeared in the Executive Summary of that Roundtable, and four of them were realized. I am presenting to this body some of those recommendations that were not acted on, and some new ones. These concepts represent years of trial and experience, and I ask you to give them your strongest consideration:

1. Eliminate the GI Bill Delimiting Date for homeless Vietnam-era veterans, and extend educational benefits to the children of these veterans who, although eligible for these benefits, have not utilized them. *If a veteran has been certified as "homeless" by the VA, his or her delimiting date should be extended.*

2. The VA should provide full funding for CBVO's, and the matching funds should be tied to the client, not to the CBVO. Set-aside funding for homeless veterans should be re-channeled to CBVO's, whose mission and purpose is focused on service to veterans. *This will allow the Department of Veterans Affairs to get out of the housing development business, while simultaneously enabling community organizations to build, rehabilitate, own and manage housing for homeless veterans more cost-effectively, with less time constraints and greater expertise.*

3. Homeless veterans are the logical group to reshape a strategy for base closings. We should utilize the down-sizing of our military forces to provide new job re-training, job creation and integration programs for veterans. *Regardless of the size of the nation's military force, when veterans are discharged they need more services than are currently available to make a smooth transition from military to civilian life. This recommendation speaks to these general needs and suggests that the resources to handle future "down-sizing" can also be used to help jumpstart the economy.*

4. Utilize base closings as an opportunity to provide housing, life skills development, training and employment for disenfranchised and displaced homeless veterans, and for urban youth. *This will enable the already stressed urban and rural areas of America to begin utilizing existing resources and dollars to link two disenfranchised populations, youth and homeless veterans, in an effort to maximize economic opportunities and human resources.*

5. Stand Downs are the largest single national outreach program to homeless veterans this country has ever seen, and growing every year. The DVA must support and encourage Stand Downs to the point that they are no longer needed. VBC's first Stand Down served over 600 homeless veterans from across the State of Massachusetts.

6. Establish a National Veterans' Working Board, which would include CBVO's and would interact with the VA and all programs that deal with veterans.

A letter from Chairman Rockefeller, inviting me to give testimony at this hearing, said that one focus of this hearing would be— "the extent to which veterans are represented in the overall homeless population and their specific needs * * * " I want to take that a step further and address the extent to which African-American veterans are *over*-represented in that group. There is a disproportionate number of African American veterans in the homeless population, and I wish to bring national attention to their specific needs. Although African-American veterans make up only 9% of the total veteran population, they represent between 38 and 40% of the total homeless veteran population. It is crucial that veterans' advocates and providers of services to this group are quickly given the tools with which they can take aggressive, affirmative steps toward correcting this tragic imbalance.

What are these aggressive steps? The same things that we recognized in working with substance abusers, that diet, living habits, cultural distinctions and previous experience were important in the recovery process—we must now apply those same criteria to dealing with the African-American homeless veteran. *Providers have to be sensitized to their needs.* We must come to know what makes black veterans more subject to homelessness. Is it their community basis? Where there are few jobs now and where there were few jobs when they left? Where the environment is one of run-down, neglected, overcrowded buildings and the lowest income levels? Where the crime

rate is twice as high as the national rate?

We must not send them back to that environment. What are the tools we can use? We must promise to find housing and jobs for our black veterans. We must put up veterans' housing, supported housing that will bolster their humanistic qualities. We must make them leaders of their communities rather than additional burdens. Input for strategies based on CBVO's experience in serving this population will benefit the overall attempt to end homelessness among our nation's veterans, and in this regard, I further recommend that the Department of Veterans Affairs:

7. Create the position of Liaison between the DVA and CBVO's who provide services to the African-American veteran community.

Earlier I talked about recent Innovative Homeless Initiatives funding made available from HUD and from the VA, and I gave due credit to these initiatives. But I must comment here on what I call a lack of innovation on the part of HUD in dispensing those funds. When, in a Northeast town like Boston that serves the region of New England, decisions have to be made whether to fund a shelter which warehouses homeless veterans or fund a program which takes them from homelessness to homeownership—when veterans' agencies are in competition with each other instead of being able to work together to build a continuum of care for these national heroes—it is a sad commentary on the state of veterans affairs.

Americans and America's veterans, particularly the homeless, will be watching these two programs to see how they work, and will be anticipating more programs like these that benefit our national heroes.

There is only one permanent solution to the problem of homelessness among veterans—housing—supported housing. What I mean by supported housing is that not only will we provide shelter for our homeless brothers and sisters, but also that we will stick by and help them over the hurdles that come with stabilization and then permanency in their lives. The community-based veterans' organization, working in and with the veteran community, can best begin the process of forming "pockets of stability" which, when taken as a whole, will represent a national program of stability for homeless veterans in hundreds and thousands of communities across this country.

A collaborative entity formed by nonprofit community based veterans' agencies, Federal local and State governments, and private corporations, provides a powerful partnership that will take the homeless off the street, their families out of shelters, and provide jobs and affordable housing for these heroes who need the most help. It is an example of citizens in our great nation working together that should be replicated wherever veteran agencies exist.

I want to be able to go back to those veterans counting on me in Boston with real hope for their futures in hand. Veteran-run community organizations should provide for those futures. We served once, let us serve again.

PREPARED STATEMENT OF HENRIETTA FISHMAN, M.S.W., PROGRAM DIRECTOR, COMPREHENSIVE HOMELESS CENTER, AND CHIEF, DOMICILIARY CARE PROGRAM, VA MEDICAL CENTER, BROOKLYN, NY

DEPARTMENT OF VETERANS AFFAIRS
COMPREHENSIVE HOMELESS CENTER
Brooklyn, New York

STATEMENT OF ORGANIZATION AND MISSION

Organization of the VA Brooklyn Comprehensive Homeless Center

The Department of Veterans Affairs Comprehensive Homeless Center (CHC) includes a constellation of VA programs to serve homeless veterans in the primary service area of VA's Brooklyn, New York Medical Center. This network provides and coordinates a wide array of treatment and rehabilitation activities for mentally and physically ill homeless veterans.

VA programs collaborating to form this Comprehensive Homeless Center are the Veterans Health Administration (VHA) and the Veterans Benefits Administration (VBA). The CHC is located at the VA Medical Center in Brooklyn, New York. Henrietta Fishman, MSW, Chief of the Domiciliary Care Program at VAMC Brooklyn is the Program Director of the CHC. VACO oversight is provided by the Special Subcommittee of the Working Group on Homelessness, chaired by Paul Errera, M.D., Director, Mental Health and Behavioral Sciences Service.

Mission of the Comprehensive Homeless Center

The mission of the CHC is to help mentally and physically ill homeless veterans abandon life on the streets and rejoin society as productive citizens. To accomplish this mission, the CHC brings together a wide array of VA and community resources to develop a comprehensive, coordinated range of services. By developing this integration of services, the CHC creates new opportunities for the homeless veteran to access needed treatments, to obtain and hold a job and to learn how to maintain permanent housing. In order to implement this mission, the CHC has the following five Goals:

1. To develop and implement innovative approaches to high quality treatment and rehabilitation for mentally and physically ill homeless veterans.
2. To forge partnerships among programs in the Department of Veterans Affairs in order to provide integration of VA Homeless Services.
3. To provide leadership and technical support in the development of state, county and city services for the homeless veteran.
4. To foster public and private cooperation by collaborating with community agencies, volunteers and private sector businesses in creating rehabilitation resources for homeless veterans.
5. To serve as a national VA demonstration and evaluation program in the integration of services for the homeless veteran.

Treatment and Rehabilitation Programs in the CHC

1. Project TORCH, which provides outreach and drop-in day treatment services.
2. A 50-bed Domiciliary Care for Homeless Veterans Program which provides residential treatment and rehabilitation.
3. A Social Security Administration/VA demonstration program for Social Security entitlements.
4. A VA Supported Housing (VASH) program which provides HUD Section 8 housing vouchers and case management services to homeless mentally ill veterans.
5. The Readjustment Counseling Service, which provides services to homeless Vietnam-era veterans In Vet Centers.
6. The Veterans Benefits Administration, which offers outreach and benefits counseling to homeless veterans.
7. Homeless Chronically Mentally Ill (HCMI) outreach workers who provide on-site services to veterans in New York City shelters, linking them to VA and community resources.

Project TORCH

Project TORCH (The Outreach and Rehabilitation Center for the Homeless) was developed with the premise that a primary mission of the program would be to *engage* homeless veterans. Given the complexity and volatility of their needs, it was viewed that the process of providing health care and psychosocial services could occur only if engagement was identified as a major treatment modality and process.

The physical environment for Project TORCH was designed to be conducive to engagement. An attractive, comfortable and homelike setting is provided. There is space and light and room to socialize or be alone. The living room and kitchen are furnished to maximize the ambiance of a non-institutional setting. This is in marked contrast to life on the streets or in shelters. It is a safe place; a community of veterans with norms for participating in the life of this community which encourage and reinforce a supportive network among the homeless veterans in the program.

Project TORCH does not function in isolation. Its boundaries are flexible, so that veterans can be centered within this supportive environment and move readily and easily within the network of VA and community services. They can attend to such basic needs as showering and getting a clean set of clothes and something to eat while receiving other services throughout the medical center. This is their daytime home from the chaos of New York City's streets and shelters.

Homeless veterans can attend Project TORCH if they are eligible for VA health care services. The admission criteria are based on this eligibility and homelessness. Participation is flexible and open-ended. There are basic rules for behavior within the community which are straightforward and based on health and safety. Infraction of these rules can lead to dismissal from the program, which generally is a temporary measure until the behavior improves. This is a low demand setting and veterans who are actively abusing drugs and/or alcohol as well as veterans who are exhibiting bizarre or isolate behavior are accepted within this community as long as they are able

to observe the basic rules (e.g. are not disruptive or assaultive). Again, the emphasis is on engagement, and treatment interventions built on this foundation.

The program at Project TORCH reflects its philosophy. A structured day program is offered and features open-ended psycho educational and skills attainment groups. Community meetings occur daily and address community issues. Other groups focus on recreation. The focus on these groups changes when new issues and services are identified by veterans and staff. A hot lunch is served daily and all veterans in Project TORCH participate in this family-style meal. This is a major "hook" to the engagement process.

Central to the Project TORCH program is the interdisciplinary team, which includes a coordinator, two social workers, a psychologist, nurse practitioner, physician and a paraprofessional, as well as a program clerk. The cohesiveness and professionalism of this team are essential to the effectiveness of the overall program. Each veteran who attends Project TORCH is offered a medical examination as well as a psychosocial assessment. These are incorporated in an individualized treatment plan.

The program model is that of a drop-in clinic. What is unusual in its application at Project TORCH is that the total program mission is focused on engaging homeless veterans within the TORCH social system. This is reinforced at every level of program involvement. Further, this social systems approach is expanded to link the program within the VA system as well as the network of services in the community. A strong self-help component exists, with homeless veterans often assisting as volunteers in the program. Project TORCH is the "runaway" to the Domiciliary Care Program for Homeless Veterans Program, engaging and preparing veterans for this intensive treatment program. While awaiting a bed at the Domiciliary they participate in the daily Waiting List Treatment Program, a high demand treatment level at TORCH.

This is an non-traditional program which interfaces with traditional programs. Homeless veterans are assisted in bridging these parameters, so they can access and accept services. Project TORCH, in contrast to traditional health care settings, is a "walk-in," no appointment necessary program. Primary health care and psychosocial services are provided on demand and often on a crisis-oriented basis. Homeless who fail to follow-up for subsequent appointments are not terminated from the program, which is open-ended and is not time limited. Homeless veterans do not have to fit into the institutional model at Project TORCH. The program is responsible for meeting their needs at whatever level they can be addressed. In essence, the program design is not the classic medical model, but rather a social system application within a "drop-in" structure. With the goal of engagement, the frightened psychotic will be engaged at the most accessible level, and this might be providing lunch and a clean shirt. Mental health services might not be feasible until this veteran will accept treatment.

Within a traditional health care setting, the symptom or the illness is identified and the treatment follows a protocol. In Project TORCH, the focus is on the person, and the treatment progresses along a hierarchy of needs, which determine services.

Domiciliary Care for Homeless Veterans Program

The Brooklyn VA Medical Center's Domiciliary Care for Homeless Veterans Program is a 50-bed residential treatment facility in St. Albans, Queens which provides intensive biopsychosocial rehabilitation services for eligible homeless veterans. The program's objective is to provide homeless veterans with the knowledge and skills needed to lead productive lives in the community.

The Domiciliary is a structured six-month program which is organized into incremental levels of increasing responsibility and skill attainment. In the final phase of the program the veteran generally is employed or attending school and is preparing for re-entry into the community.

An array of life skills, educational, vocational and relapse prevention groups is offered during the 15-hour daily schedule. Recreational and sports activities are provided. In addition, Twelve-Step meetings are offered every night. Each veteran is involved in both individual and group counseling and receives extensive pre-vocational training prior to job placement or enrollment in school. Within this therapeutic community, the veterans elect their own officers and have major responsibilities within the community. An Aftercare program also is available for graduates.

The interdisciplinary team includes social workers, a psychiatrist. an internist, a psychologist, a nurse practitioner, vocational rehabilitation specialists, a recreation therapist, health technicians and social service assistants. Residents of the Domiciliary receive medical, psychiatric and psychosocial assessments upon entering the program

and are provided with individualized treatment plans. They are seen regularly by medical staff for health maintenance and can be referred for any of the specialty services provided by the Brooklyn VA Medical Center.

To enter the Domiciliary, the veteran must be homeless and be eligible for VA health care services. S/he cannot have any acute medical, psychiatric or substance abuse problems and must be capable of self-care. S/he must have the motivation to engage in this intensive treatment program. Referrals are made through the Brooklyn VA Project TORCH, 35 Ryerson Street, Brooklyn. N.Y. 11205 (Tel: 718-330-2817). The interdisciplinary team at Project TORCH—which is part of the Domiciliary Program—will screen the homeless veteran for the Domiciliary and will assist the veteran in preparing for entry into this program. If referral to the Domiciliary is not appropriate, TORCH staff will help the veteran access the type and level of service s/he needs.

PREPARED STATEMENT OF RICHARD FITZPATRICK, EXECUTIVE DIRECTOR, NATIONAL COALITION FOR HOMELESS VETERANS, WASHINGTON, DC

Let me begin by reiterating the basics: while *one in ten* Americans are veterans, *one in every three* of the homeless are veterans. Every night, 250,000 homeless veterans are without what you and I call a home. Because people move into and out of homelessness, half a million veterans are homeless on an annual basis. These men and women have served us in peacetime and in war, sacrificing their youth, and in many cases their limbs, to protect our country. And now, when they are weak and weary, they are ignored by the very institutions they fought to protect.

How ironic it is that on the grounds of Lafayette Park, in the front of the White House, as many as sixty homeless men and women set up camp each night. And a majority of them honorably served their nation in the U.S. military. How do they feel about the leader of the free world sleeping only a few hundred yards away? It certainly doesn't provide the same warmth as an extra blanket. And how bitter the reality that our President, within shouting distance of this group of Lafayette Park homeless veterans, can commit the armed forces—and billions of dollars of taxpayer resources—to another war at a moment's notice—yet he seems to lack the ability to make a frontal assault on the issue of homelessness among those who heroically fought the Cold and not-so-cold Wars.

Would a homeless veteran choose to risk his or her life again without a guarantee that their government would be there for them afterward? The startling answer is: yes! For these men and women love their country. Unfortunately, right now it seems like an unrequited love.

As a nation, we have ignored homeless veterans. First, we spurned Vietnam Veterans when they returned home. Then we ignored them and denied that their problems required treatment. In some cases, this deliberate isolation caused their homelessness.

"Perhaps the most glaring mistake of deinstitutionalization was the 59 percent reduction in psychiatric beds in the nation's Veterans Administration hospitals between 1963 and 1980, the period during which veterans were returning from service in Vietnam with trauma disorders and significant needs for psychiatric treatment. Many of them became homeless." (Baum and Burnes, 1993, p. 163)

But the fastest growing group of homeless veterans is from the post-Vietnam era; and, specifically, the veterans of Desert Shield and Desert Storm. Too many of those who marched down the streets of our cities in "Welcome Home" parades are now *sleeping on those streets.*

I don't have to point out to the men and women in this room that there are homeless veterans in our nation's Capital. I doubt that there is a person here who hasn't already seen a homeless veteran this morning. Even the President cannot jog through our city streets without encountering single, homeless adults. The President has said that the individuals he sees and talks to during his morning runs are "100% veterans." And yet, there is no consistent ownership of this issue.

Recent media attention to the tragic death of Yetta Adams (a homeless woman who died on a bench in front of HUD) has reminded us that the issue becomes more dangerous in the winter months. But since the time of Ms. Adams' death, at least three homeless veterans in the District of Columbia have lost their lives to the cold. These individuals received none of the fanfare of Yetta Adams, perhaps because they chose

less illustrious locations for their demises. Perhaps, however, the deaths of these homeless veterans are symptomatic of a larger societal denial of the existence of homeless veterans. Are we, as a nation, too ashamed to admit that those who fought to preserve our republic are now warmed only by the steam rising from city grates; steam that is emitted from the buildings where those who work and live can do so safely because of the sacrifices of our veterans? These veterans received better nutrition in trenches and jungles where all food had to be airlifted in than they do today, standing in line for the next meal at a local shelter, soup kitchen, or meal truck.

The sad truth is that homeless veterans are some of the most vulnerable of the street homeless population. Many homeless veterans suffer from disorders such as Post Traumatic Stress Disorder (PTSD) and other mental health and substance abuse problems. These individuals are most likely to be isolated from the traditional social service system. They are most likely to be sleeping in parks, in doorways, and in boxes in our cities and in barns and lean-to's and caves in the rural countryside and mountains. They are the most vulnerable to the freezing temperatures and chill winds of the winter and the blistering heat of the summer.

Many homeless veterans, particularly those who served in Vietnam, have been ignored by "the system"; some have even been treated with hostility. We seldom treat veterans with the dignity and respect that they deserve. The result? They further isolate themselves, further complicating their existing medical and mental health problems. The downward spiral continues, until the once-employable, skilled and sociable individual becomes far removed from society and, sometimes, from what we call reality.

While this Administration has done far more than any in the past to admit our responsibility to veterans, we have not systematically reached out to identify them, nor have we tried to understand or serve their unique needs. Homeless veterans do not count in this country, because we don't count them. No one segment of Federal or State or city government keeps track of homeless veterans. The VA medical facilities do not keep track of the number of clients who are homeless, and frequently discharge a veteran who clearly has no place to live. Additionally, traditional homeless shelters rarely keep track of whether or not a client is a veteran. The result is that we have a serious gap in the system and now know very little about an important and growing problem.

In spite of the fact that homeless veterans constitute the largest subgroup of homeless single individuals, there is no coordinated advocacy in most major cities. With the exception of the shining examples of community-based homeless veteran service providers, there is very little veteran-specific housing.

Years ago, our country constructed Old Soldier's Homes for retired veterans. Today, there is no federal initiative to house or serve those who served our country. The first step is to identify those in need of the help, so that their needs can begin to be addressed. Then, we must begin to define the appropriate mechanism for the delivery of those services.

Many veterans have needs particular to their circumstances. Other homeless people who are not veterans do not have the same needs. As long as the veterans are not identified, their special needs will not be addressed. Further, the specific physical and psychological challenges facing the combat veteran are well-beyond the service capability of the shelter or soup kitchen.

Many veterans suffer from mental illnesses, such as PTSD. According to the *National Vietnam Veterans Readjustment Study*, over the course of their post-war lives, half of Vietnam veterans have had clinically significant stress disorder symptoms. PTSD had been associated with a number of other factors which are linked to homelessness, including: lack of emotional attachments to others, low educational achievement, work problems, heavy consumption of various psychotropic substances, arrest and conviction, and hospitalization for marital or job adjustment problems or alcohol or drug abuse.

These symptoms are correlated with symptoms of anxiety, depression, and mania, symptoms which have often been treated by the mental health community without recognition of their relationship to PTSD, resulting in the veteran with PTSD not receiving the appropriate type of treatment. In addition to the special mental health needs of the homeless veteran, a veteran typically suffers from higher rates of unemployment than the rest of the adult male population (up to 2 percentage points higher unemployment rate). These special needs are not and will not be addressed by a homeless care system geared toward the non-veteran homeless. So, what does work?

What is there that is successful in resolving these problems and getting veterans (and their families) back into mainstream society?

For the past four months, supported, in part by a $25,000 contract from the Department of Veterans Affairs, the National Coalition for Homeless Veterans (NCHV) has undertaken an intensive survey of all 50 states to identify, catalog and analyze those at the local level that are providing services specifically for homeless veterans. We interviewed over 2,000 members of Veteran Service Organizations; local, State and Federal agencies; and general homeless and homeless veteran service providers.

One year ago when the NCHV opened its Washington, D.C. office, we thought there were a total of 40 to 50 local homeless veteran service providers. By last fall, our activities had documented that there were at least 100. Now, as a result of this survey, we have identified and are working with more than 160 community-based programs that are having a significant amount of success in breaking the cycle of homelessness.

We have programs in 38 states and the District of Columbia. These community-based homeless veteran service providers are as varied as the areas of the country and individuals that they serve; they include barracks-style and transitional housing; residences specifically for vets suffering from Post Traumatic Stress Disorder; food distribution programs for needy veterans and their families; and veteran service counseling centers and day-time drop-in vet centers. The programs are run by nonprofit and for-profit organizations; housing coalitions; Veteran Service Organizations; and local, state, and Federal agencies. A number of community-based organizations are contracted by or in collaboration with the VA.

There are a number of common traits that exist among these Community Based Programs (CBO's). Most are veteran-helping-fellow-veteran programs. There is a commitment to help those who are willing to help themselves within a structure that promotes discipline and self-reliance, characteristics of the military lives the veterans once led. These programs are not traditional shelters. They provide a hand up, not a hand out. The veterans must be willing to work and often, to adhere to a strict set of rules or boot camp-style of discipline and service. Finally, many programs also have a component of community service.

Perhaps the most important feature of many of these programs is the follow-up that they provide. The veteran is assisted through each phase of recovery. A thorough evaluation of the individual is done and the root causes of his or her homelessness are assessed. What follows is a comprehensive continuum of care beyond merely assisting him or her with housing and other basic needs. The veteran is connected with a case manager who will continue to monitor progress; he/she is provided with job training and counseling, with self-sufficiency as the ultimate goal; and is made aware of the benefits to which he/she is entitled as a veteran. Thus, the program stays with the veteran as he or she takes all the steps toward full re-integration into society.

This kind of continuing care is what truly breaks the cycle of homelessness and prevents the revolving door scenario, which drains the resources of the VA and all levels government. Furthermore, not only do our programs lessen the burden placed on general homeless service providers and VA-run programs, but the programs themselves are cost-effective. Most are able to provide services at a fraction of the cost of those run by the VA. Community-based organizations are unhampered by the vast bureaucracy of a large, government institution. Given what they are accomplishing on a shoe-string budget, one can only imagine the success they would have given an increase in funding.

One such community-based organization is Swords to Plowshares which has been serving veterans in San Francisco since 1974. Although homelessness was not the main problem when Swords opened its doors, 85% of the current clientele is homeless. Swords to Plowshares offers a full continuum of care to veterans, including: one-on-one counseling; intervention and referral for PTSD, alcohol and drug abuse, relapse prevention, coping and life management skills; benefits advocacy; job preparation and placement; legal services relating to military discharge and VA benefits problems; and transitional housing in the only veteran-specific community-based program in the San Francisco Bay Area. Over 1,000 veterans receive services each year.

An example of a younger program for homeless veterans is the Gulf Coast Veterans Foundation, a nonprofit community-based organization established in 1992 in Pensacola, Florida. Services provided include: shelter; food; clothing; substance abuse and mental health care; counseling; assistance obtaining housing, employment; and government benefits; education; and training. The first shelter for single male veterans was opened by Gulf Coast in January 1993 and is on donated property. Gulf Coast has

secured two properties through the Resolution Trust Corporation (RTC) which will house single male veterans. It is also the recipient of two homes under the Department of Veterans Affairs Homeless Provider Lease Pilot Program; these homes are used to provide housing for veterans with families. Gulf Coast has an all-volunteer staff and has not been able to meet the demand of referrals from other agencies due to lack of beds. The demand for services reflects the fact that veterans are drawn to areas where military facilities are located and reciprocally, the downsizing of the military is contributing to the number of homeless veterans. Numerous military facilities of all branches of the U.S. Armed Forces are located along the Gulf Coast.

The successful model of the one-stop shop, providing a comprehensive range of services for homeless veterans is also working on a smaller, temporary scale in the form of StandDowns. This growing grassroots volunteer effort originated in southern California in 1988 when the concept of StandDown was adapted for homeless veterans. StandDown is the military terminology for a brief period of time in which a soldier leaves an active combat area in order to rest and regain strength. It was adopted by Robert Van Keuren and Dr. Jon Nachison, Vietnam veterans from San Diego who launched the first StandDown event there in 1988.

StandDowns give homeless veterans a weekend of safety and security where they can sleep in barracks-style tents, receive nutritious meals, health care, clothing, and an in-depth needs assessment. Job and substance abuse counseling, legal assistance and a wide range of other supportive services are available on site. It is a quick, effective and dramatic way to gain access to the continuum of care.

Since then, StandDown events have been staged by more-and-more community-based groups around the country each year. They are put on with support from veterans' organizations, local VA centers, National Guard and Reserve units, corporate sponsors, and hundreds of volunteers in cities from Anchorage and Dallas to Cincinnati and Boston. For 1994, at least 40 StandDown are planned. StandDowns provide an opportunity for the vets to enjoy a time of relative safety, to access needed services and to plan for a transition from homelessness. While not a cure for homelessness, StandDowns offer a stepping stone for more permanent efforts to deal with the problem.

StandDown Home in Houston, Texas serves as an example of a permanent effort that resulted from the increase in community awareness of the homeless veteran problem that typically follows a StandDown. After a StandDown was held in Houston, volunteers got together and established a home, currently housing 12 veterans. Lost Sheep Ministries, the nonprofit organization that sponsored the home acquired a repossessed VA property and the veterans themselves did the renovations. After a local TV. station broadcast a report on the home, people from the community formed a line down the street to donate furniture. The organization has now acquired a second house and is looking for a small apartment complex or a motel to help them meet the needs of the substantial number of homeless veterans in the Houston area. Whether or not they can do this without any government grants is questionable.

As the community support for StandDown Home demonstrates, homeless veteran programs tend to weather the current tide of NIMBYism. The voluntary service component of many programs also facilitates better relations with the community. Veterans living at the Tour of Duty Home in Pittsburgh, a nonprofit organization that primarily serves minority vets, give back to the community by participating in a Mentor Program; they visit local public schools and reach out to fatherless boys. The program also teaches Ancient African History to minority veterans, strengthening their cultural and self awareness.

In Richmond, VA, the veterans living at Vietnam Veterans Base Camp, three homes started by a formerly homeless veteran, go out into the streets every night to feed vets still living on the streets.

A group that focuses on feeding veterans is the Veteran Family Service Corporation in Baldwin Park, California, which distributes food to 1600 veterans and their families a month. The program distributes over 5,000 pounds of food a month and is *entirely funded by local donations.* Although their hope is to open a transitional house in the community and to establish such food distribution programs across the country, efforts to receive any kind of government funding have been unsuccessful.

All of these programs are open to any veteran, which raises another important issue concerning homeless veterans. Unlike the VA, many community-based programs are open to any veteran, including those with less than honorable discharges. The issue

of being able to serve all veterans, including those with "bad paper," is a particularly difficult one when dealing with many Vietnam era veterans.

Our contact with homeless veteran service providers also shatters the myth that homelessness is an urban problem. In Las Vegas, Nevada, the staff of The Key Foundation, a nonprofit organization, go out into the desert on a weekly basis to find and feed homeless vets. A StandDown there last year drew 2,000 people. In Southern Oregon, local search and rescue units were used in spreading the word about the local StandDown, by going into the forests and other isolated areas where homeless vets are known to live; 450 homeless vets emerged to attend the event and receive services. Such innovative outreach methods are typical among community-based organizations.

At a recent national training conference on StandDowns, sponsored by NCHV, a representative of Palmetto State Base Camp, Inc. (PSBCI) in Columbia, SC, showed slides of tents formerly inhabited by 'bushmen' in local woods; the efforts of Palmetto State were successful in drawing the men out of their isolation and into a home. The success of the group demonstrates that the model of veteran-helping-veteran works. The group sponsored the StandDown in Columbia which served over 400 homeless veterans; the VA Regional Office estimates that there are as many as 500 homeless veterans in the Midlands. The goal of PSBCI is to provide transitional housing for homeless veterans along with a program designed to make them self-sufficient but they are in need of funding. The group was founded by two Vietnam veterans and two from Desert Storm. The president of the board is a Vietnam veteran who struggled for years with substance abuse and mental health problems; at the age of 51, he has overcome his difficulties thanks to the intervention of concerned veterans and is currently enrolled in college where he maintains a 3.5 and his work with PSBCI is credited as work-study.

As is the case with many vet-helping-vet CBO's, the lines between service providers and the homeless veterans being served are not so clearly drawn. A number of service providers are one step away from homelessness themselves and many programs we have been in contact with are in danger of closing due to a lack of government funding. Several prospective transitional housing programs, such as one in *West Virginia* that would have been called "Freedom House" have failed due to a lack of support and funding.

Nevertheless, there is a ground swelling of positive, effective and efficient programs that are spontaneously coming into existence throughout the country. And this is happening with little assistance or nurturing from the Federal agencies. Just think what could happen if the full resources of the Federal government were marshaled to not replace but assist these community-based programs.

It is our contention that not only is the government failing to solve these problems but it is not the appropriate means by which the needs of the vast majority of our country's homeless veterans should be met.

It is through our 160 or so community based, veteran-helping-veteran programs—and nearly 100 more in the planning stages— that America can resolve this problem. We are now stepping forward to take care of our own. Overseas, we tried to never leave our wounded on the battlefield. We can do no less at home. *We are not a permanent special-interest group. We are working to put ourselves out of business by getting this job done.*

However, this does not let Congress off the hook. There are a great many things you can do. A number of these concepts were defined and recommended by the *Speaker's Task Force on Homelessness* in their recent report to the House.

We've broken down our proposals by Department.

THE DEPARTMENT OF DEFENSE

The Landing Party

When defense installations are closed and turned over to local communities, the first program on each base should be a contingent of homeless veterans assigned the task of maintaining, securing and cleaning up the facilities. After all, who knows better how to run the infrastructure of these facilities than the soldiers and sailors who served there in the past? The environmental and ballistic clean-up operations are ideal programs which not only provide tasks the government is going to have to do anyway, but also are excellent training programs that would result in high-paying job skills.

We appreciate DOD's concern for getting the local communities involved in the decision making process of how these installations should be used. Our concern is that there be a requirement that local veteran groups be involved in that process. No one

has a more legitimate claim to participate in the decisions related to the ultimate utilization of military bases that those who served on them.

We strongly back a concept defined by *Swords to Plowshares*, the veterans advocacy group in San Francisco, that proposes the establishment of *Homeless Veteran Academies* on closed military installations. We support the efforts of Dr. Robert Alexander and *Role Models America, Inc.* for the development of excess military properties in Florida for a *National Youth Corps Academy* utilizing homeless veterans as support staff and mentors for the nation's troubled and drop-out youths.

Barges & Tenders

Homeless veterans in coastal communities could be served by the use of surplus U.S. Navy Barracks Barges and Tenders. The barges can sleep hundreds of individuals and the tenders are floating workshops. The ability of community-based organizations to obtain such ships and utilize them could result in a quick, effective and appropriate full-service, floating program that could stay in one location until a permanent program was established and then move to another community. The DOD should be required to negotiate with interested nonprofit homeless veteran programs for the transfer and transportation of unneeded barracks barges and tenders for use in providing services to homeless and jobless veterans.

Veteran Priorities

When the decisions are made related to the disposal of Defense Department properties (such as furniture, sleeping bags, clothing, machinery, etc.) certain groups have a high priority established. We believe that community-based homeless veteran providers deserve the same priority as ROTC, Boy Scout and Red Cross units. We ask that we be established as such a priority group and not have to buy at market prices from State agencies those items that were purchased by the military for use by these same people who are now homeless.

The Department of Health and Human Services

Getting the Lead Out

Lead abatement and asbestos detection and removal are key public health issues throughout much of the country. There is a significant lack of properly trained individuals and firms with skills in the management and abatement of these dangerous problems. Funds should be made available for CBO's to train homeless veterans in the skills of site testing, abatement methods, and waste disposal procedures. These opportunities should lead not only to potential employment but to create entrepreneurial opportunities for these vets to begin businesses of their own and employ other vets in helping to erase these health hazards.

Securing Social Security Benefits

A substantial number of homeless veterans can be qualified for social security disability programs. Unfortunately, the extensive amount of documentation paperwork necessary to qualify is difficult for individuals who have no address or phone numbers to acquire. Further, few local homeless providers are knowledgeable about the benefits that are available to the veterans in their programs. We propose that a national effort be undertaken by Social Security, through a contract with a nonprofit program, to educate local service providers on how to reach homeless veterans and provide them with the benefits for which they are eligible.

The Department of Housing and Urban Affairs

Getting the share veterans have earned

The current leadership at HUD should be applauded for its grasp of the homeless problem and its innovative steps to resolve it. Their budget proposal for next year is realistic and will have a positive impact on the problem.

Unfortunately, there seems to be *little recognition of the need for veteran specific programs.* For example, earlier this month funds were awarded for "Innovative Homeless Programs" with less than 2% going specifically to serve the 30% to 35% of the homeless who are veterans. And this is not due to a lack of effort on the part of local veteran programs; a substantial number of community-based veteran programs made proposals. It may now be necessary to require that an appropriate percentage of HUD homeless funding be set-aside for programs that specifically serve veterans and their families.

In this year's budget process, the Administration is proposing to "block-grant" homeless funding at the community level, rather than making the determinations in

Washington. If this takes place, it is vital that the mandated local planning process be required to include local veteran service providers.

Not all veterans are in veteran programs

There is such an irony in the current situation: tens of thousands of veterans are jobless and homeless and hungry and in desperate need of help while our government has established a remedy -and it is vastly underutilized.

The Department of Veterans Affairs offers benefits to veterans which can provide up to $20,760 per year tax-free, in addition to all medical, psychological, and dental care as well as vocational, educational and rehabilitative services. These benefits are considerably more generous than those offered through either State or local social service agencies.

Many states and some cities also have funds available exclusively for needy veterans and their families. Additionally, there is a massive network of thousands of Veteran Service Organizations (American Legion, AMVETS, VFW, DAV, VVA, etc.) who have funding opportunities for veterans in need.

Why are these generous resources overlooked? After substantial research, we have found that case managers and shelter operators in non-veteran programs simply are not aware that they exist. When the veteran-specific benefits are ignored, the community loses out because:

- Homeless-designated funding serves fewer clients as veterans consume *homeless* resources rather than *veteran* benefits
- Veterans languish on the streets and in shelters because they are not given the intensive services designed for their specific needs
- The community loses out on productive members of the economy and polity
- Social services receive fewer net dollars since VA benefits are an entitlement, whereas other homeless service dollars (both national and local) are usually granted on a competitive basis

We have proposed to HUD a pilot project that can help to alleviate these problems by teaching homeless service providers in Washington, DC to identify a homeless veteran and to connect him or her with the appropriate services. After that program is implemented and evaluated, five other cities would be sites for regional training and would receive the same benefit -building knowledge. Simultaneously they would build cooperative bridges of understanding among providers through their shared experience in training. An added benefit of the training session geared specifically toward the needs of the homeless veteran is that it would coalesce a group of advocates interested in the homeless veteran which can live on as a sustaining force within the community long after the training is finished. "Train the trainer" sessions would develop a national network of advocates who are knowledgeable and eager to spread their knowledge. Many communities can benefit, as will many homeless veterans. We request the immediate funding of this valuable project.

Stand Up for StandDown

In 1993, an estimated 10,000 homeless veterans found rest and safety, a variety of services and a helping hand, at more than 35 innovative programs called "Stand-Downs."

Almost as important is the incredible increase in a community's awareness of the plight of the one-third of the homeless who are veterans which takes place with a StandDown. When 500 homeless vets show up at one time in Minneapolis, MN or in St. Petersburg, FL, the public begins to recognize that there is a real problem of homelessness among veterans StandDowns are not the solution to homelessness but they are an opportunity to create an atmosphere conducive to change and recovery. It is not a hand-out but a hand-up, extended by a grateful, caring community.

In order to enhance the efforts of StandDowns to fill this void and reach the thousands of displaced veterans across the country in order to bring them into the existing continuum of care at the appropriate point, we propose the creation of a StandDown '94 assistance and enhancement effort and request funding to implement it.

By assisting no-and low-income veterans to attend one of these events and acquire the untapped resources to which they are entitled, and by offering them access to the supportive and rehabilitative services they need, we will be increasing their long-term economic independence.

These programs can enable thousands of veterans (rural, suburban and urban) to get into a system that provides housing, counseling for drug and/or alcohol addiction, Federal and state veteran and SSI benefits, and access to job training and placement opportunities. It goes beyond the symptoms and gets to the causes of their homelessness.

This veteran-helping-veteran program combines our unique expertise in veteran issues and benefits and our ability to establish trust and rapport with veterans with the proven StandDown technique to access the supportive services they need to move on to economically viable lives, contributing to the economic vitality of our country.

We gratefully acknowledge the on-going support of local StandDowns by the Department of Veterans Affairs and Department of Labor's HVRP program. We request specific funding from HUD for the technical assistance and support of the development of these innovative and successful programs.

1-800-VET HELP

We propose the establishment of a national referral clearinghouse and crisis line that would enable homeless and at-risk veterans anywhere in the U.S.A. to have an immediate (over the phone) needs assessment. Following this assessment, these veterans would then receive the appropriate services and transitional housing (when needed), with the goal of moving on to permanent housing and self-sufficiency.

The basic program concept is simple. 1-800-VET-HELP would assist homeless veterans and their families in defining their problems and linking up with housing and supportive services in their community or anywhere elsewhere through an on-line, national computerized database.

The basic promotional message could be simple: *if you are a veteran and are homeless or in danger of becoming homeless, call this number.* The secondary message is: *if you know of a veteran who needs help, share this number with them.*

1-800-VET-HELP would fill a serious national service and information void. It would enable highly trained veterans to help other veterans locate shelter, find services and cope with crisis situations in a rapid and accurate manner.

As a result of a massive, national outreach effort, thousands of homeless veterans and their families will be brought into the existing continuum of care at the appropriate point. This will:

- increase the ability of the provider community to reach out to vulnerable veterans who have so far been ignored by the system;
- help prevent homelessness among veterans by facilitating intervention which will allow them to stay in their existing residence;
- increase the total level of resources dedicated to the service of the homeless by replacing resources used to serve homeless veterans with veteran specific benefits; and
- establish a national, central point of emergency information and referral.

24 Hour Coverage Highly trained veteran professionals would staff 1-800-VET-HELP 24 hours a day, 365 days a year to provide homeless veterans with immediate assistance accessible at no charge, from any telephone in the U.S.A.

Since no one understands a veteran as well as another vet, phone lines would be staffed by fellow veterans—primarily those who have previously been homeless—permitting a non-threatening, comfortable atmosphere for vulnerable homeless veterans to access.

National Services Database 1-800-VET-HELP can create a comprehensive, computerized directory of services to assist veterans in locating local housing and supportive services. This on-line database would be updated continuously and provide the only national picture of available housing and service resources to serve homeless veterans, their families and those in danger of becoming homeless.

While such a database would be created with veterans in mind, it would, by necessity, detail the entire homeless continuum of care. This would be the *only such national source of information* on the total system in place, both public and private, for homeless prevention, outreach, assessment, shelter, services, transitional services and housing. The benefits to the system as a whole to have such data available are substantial.

Crisis Line 1-800-VET-HELP staff would be highly trained to provide emergency shelter and crisis line assistance. Skill areas will include empathetic listening skills, problem assessment, eligibility determination, referral procedures, crisis intervention

and suicide prevention. 1-800-VET-HELP is designed to be linked to local emergency response teams who will respond immediately to emergency health, food and shelter needs, and other life-threatening situations.

We strongly urge the funding of this project by HUD.

Capacity Development Project

Most homeless veteran groups are born as a result of the charitable instincts of civic-minded individuals, sometimes without the underlying infrastructure of a sound organization. These initiatives often respond to a heartfelt need to provide services, without regard to the institutional ability to meet the need. The results of our survey demonstrate that people want to *do something*, they just don't know *how* to do it. Without a sound organizational foundation, initiatives can fail. But they don't need to. With the help of our attention to their structural needs, these efforts can be accomplished without requiring each local program to "re-invent the wheel," wasting precious financial resources on basic development needs.

We propose to train current homeless veteran providers as well as potential homeless veteran providers on the basics of organizational structure and development, strategic and business planning, and other professional management techniques. We would create a basic organizational development manual and model materials and regional training programs.

The purpose of this effort would be to improve the quality, quantity and variety of services provided for homeless veterans by developing the capacity of service providers to better plan, develop and manager their operations. We believe that an organizational development handbook and training will achieve that purpose and fill in the gaps in the continuum of care for homeless veterans. We request funding from HUD for this effort.

The Department of the Interior

Lost in the Wilderness

The ability to locate individuals in need of help in the county's national parks is of an ever-increasing demand. Veterans of military training and action have those very skills. A specific program should be initiated for homeless veterans to be trained and utilized for search and rescue missions in our national parks.

The Department of Labor

Jobs for Vets

The Homeless Veterans Reintegration Project (HVRP) of the Veterans' Employment and Training Service is providing a substantial amount of service with a minimal budget. HVRP provides the key element missing from most homeless programming: job placement.

HVRP should be utilized as the central coordinating point of all job training programs for homeless veterans. Its funding should be at least doubled from its current level of $5.5 million and it should provide inter-agency coordination and direction of all work creation programs. Furthermore, its funding should be a specific line-item going directly to VETS rather than lumped in with other Education and Training Administration funds.

The Department of Transportation

Flag Waving

We propose a number of pilot projects where homeless veterans are guaranteed jobs as flag persons on highway construction sites. For a period of at least six months they should be employed, housed and given a small living stipend while the rest of their earnings are saved for use for housing deposits and other living costs when their participation in the program is over. This should be done in conjunction with local, community-based groups who would provide the full continuum of care the vets might need.

The Department of Veterans Affairs

Homeless vets; vetless homes

It is ironic that at the same time so many veterans are homeless, the VA owns tens of thousands of empty, repossessed homes.

We propose that the VA establish a task-force charged with developing a workable plan within 100 days to utilize guaranteed home loan distressed property inventory

and make these homes available to community-based organizations and local units of government to renovate and use for providing services to homeless veterans.

Members of our organization are working with the Resolution Trust Corporation (RTC) to assist them in providing affordable housing to veterans. It seems logical that the same services could be utilized for VA properties. Furthermore, since the VA has the ability to finance the sale of property to individual vets, it should also be able to finance the sale of properties to not-for-profit corporations which are of, by and for vets.

Plan for Discharge Planning

Many of those who provide services on a daily basis to homeless veterans believe that the existing poor discharge planning practices and procedures of the Veterans Administration are a significant contributing factor for up to 15% of the homelessness of former VA patients.

The results of the new GAO study which looks into the VA's discharge planning should be studied and the input of local service providers sought out. Necessary procedural changes should be implemented as soon as possible.

Contracting with the VA

The *Homeless Veterans Comprehensive Service Programs Act of 1992* (Public Law 102–590 11/10/92) established a program for the Department of Veterans Affairs to make grants to nonprofit and public entities for a specific set of homeless veterans services. This past year the *VA, HUD and Independent Agencies Appropriations* (H.R. 2491) conference report included $8 million for this purpose.

This is the *single most important legislation ever passed* to help homeless veterans. Important not in size but in concept and precedent. The VA is moving slowly to implement sections 3 and 4 of this act—the parts that provide funding for local programs. They have set aside $5.2 million for the 160+ community based programs (an average of $32,500 annually each)—while keeping $2.8 million for VA 's own multi-service centers.

Even the minuscule amount of money given to CBO's can be leveraged and much good will come of it. However, there are two things to keep in mind:

1) The enabling legislation contains some detailed and restrictive language that will temper the potential benefit. Specifically, the amount and nature of the local match requirements limit the ability of small and newly formed groups from applying. The nature of any local match should be redefined to allow the sum of the continuum of care services to be used as "match."

The statutory requirement that local facilities meet VA building code inflates the cost of building renovation with no justification. Of course our programs should be required to comply fully with all local and state safety and building codes, but why should they have to meet a higher requirement?

2) This year's budget should reflect the depth of the problem and the success of local groups in solving it. A ten-fold increase—to $52 million—would not be unrealistic and would make massive improvements in the delivery of services—and yet still be only 1% of the VA's annual budget.

Furthermore, it is essential for the local, community-based groups to have a chance to be aware of the available funding and have a timely response capability so that they can create viable plans and grant applications. Therefore, the VA should utilize a small percentage of the total to contract for technical assistance from a not-for-profit organization with substantial experience in the area of providing services to exclusively to homeless veterans. This would allow self-reliance-based veterans groups to demonstrate their capacity to meet the legislation's intent and criteria. The successful models of homeless veteran service providers already in existence would be used to give a helping hand to the emerging community based groups.

Bonus Drugs for Fun & Profit

Approximately 40% of homeless veterans have current prescriptions for pharmaceutical drugs; nearly half of which are scheduled drugs. Due to a lack of interlinked computer communications, veterans are able to acquire prescriptions in each VA hospital they visit. For example, there are 6 VA medical centers in the Massachusetts/New England area. Some vets have been known to obtain prescriptions for powerful medications from each of those 6 centers. This leads not only to personal substance abuse but also to the illicit sale of these narcotics.

The VA needs to immediately begin a computer data base and communications system similar to those of existing commercial drug stores that track an individual's prescription record.

A Weekend High

The VA utilizes methadone maintenance as a means of dealing with certain users of hard drugs. While this group only comprises 6% to 8% of the homeless veterans, they comprise a major portion of the problem of illicit drug sales. As with the prescription drugs, vets have the ability to acquire methadone at more than one VA facility as well as to gain it at private, non-governmental methadone maintenance programs. Due to the fact that VA methadone programs are closed on weekends, on Fridays vets are given their Saturday and Sunday dosages. This makes it tempting to over-use or sell those drugs and then go to a private program on Saturday and Sunday for their regular dosages.

The VA needs to do an immediate re-evaluation of its existing methadone program and determine (1) if it needs to exist and (2) how its operations can be more realistically handled.

Taking Care of Our Own

While there are hundreds of thousands of veterans who are jobless, there is a substantial need within the VA for medical aides and orderlies, particularly those who can relate well to veteran patients.

The VA should establish on-site training programs at VA medical centers to teach (through classroom and OJT) homeless veterans to become medical aides and orderlies. The vets would be given room, board and a small stipend during the training.

Buy Vet

The VA is one of the largest purchasers of goods and services in the country.

We would like to see a high-level task force assembled and given the responsibility to develop new ways to encourage the VA's use of goods and services provided by veteran-owned for-profit companies and veteran-specific not-for-profit organizations. Special attention should be paid to the role the National Cemetery System can play in this effort.

Death & Dying

There are few things more tragic than a veteran who dies alone on the streets or in a VA hospital.

We strongly urge the creation of a number of hospice pilot projects that would combine the assets of our community-based nonprofit homeless veteran programs with the existing services of a nationally accredited local hospice and a local VA Medical Center.

VETS with AIDS

Across the country, we are finding more than ten percent of homeless veterans to be HIV Positive.

There needs to be a major effort from the VA. to look into this crisis. Individuals from homeless veteran CBO's should be a part of that team. Working with representatives of the AIDS community, there should be a number of pilot, collaborative programs for homeless HIV positive vets. Furthermore, community based organizations should have the ability to work with VA educational staff to increase AIDS awareness and prevention among homeless vets and veteran care-givers.

TV Training

The VA has very sophisticated in-service training programs for its employees. Many are implemented using satellite broadcasts and video tapes.

Community based organizations should be granted permission to monitor VA training broadcasts and receive training materials so that our local, nonprofit staffs can take advantage of the VA's major investment in continuing education. Also, the resources of our programs' personnel could be utilized by the VA's training staff to provide our unique insight into ways to work with homeless veterans.

Once a veteran; always a veteran

The Delimiting Date for use of veteran's educational benefits effectively prohibits the substantial majority of currently homeless veterans from utilizing their earned benefits. We believe that legislation should be passed to allow veterans who are certified by the VA as being homeless to be able to access the full range of benefits for college or vocational schools that they were previously due.

Federal Emergency Management Agency

Even though FEMA states that it makes special emphasis on the identification of and assistance to veterans, our analysis of their recent budgets show that less than 1/10 of 1 per cent of their budget went to veteran activities. We recommend that there be a designated veteran representative on FEMA's national and local allocation boards.

PREPARED STATEMENT OF ROBERT ROSENHECK, M.D., DIRECTOR, NORTHEAST PROGRAM EVALUATION CENTER (NEPEC), DEPARTMENT OF VETERANS AFFAIRS

My name is Robert Rosenheck, M.D. and I am Director of the Department of Veterans Affairs Northeast Program Evaluation Center (NEPEC). Since 1987 my colleagues and I at the VA medical center in West Haven, Connecticut have been charged with monitoring and evaluating specialized VA programs for homeless veterans, and with conducting studies of the needs of homeless veterans, and of the causes of homelessness among veterans. My testimony today was prepared in collaboration with Catherine Leda, MSN, MPH and Linda Frisman, Ph.D. of NEPEC. In my testimony I will attempt to summarize the findings of our studies and to describe how they have been used in planning the widening scope of VA services for homeless veterans.

Causes of Homelessness Among Veterans

For over three decades following World War II, postwar prosperity and an expanding social safety net made homelessness less common in America than at virtually any other time in our history (Rossi, 1989). During the late 1970's and early 1980's, however large numbers of homeless people began to appear on the streets of cities across the country. According to an Urban Institute study, some 600,000 people were homeless on an average night in 1988, and almost three times as many in the course of a year.

Although there is no strong consensus on the causes of this rise in homelessness, it is generally agreed that there are two types of contributing factors: socio-economic structural factors largely responsible for the increased numbers of homeless people; and personal vulnerabilities, which influence the types of individuals who become homeless. Structural factors have included the economic recessions of the early and late 1980's, the declining availability of low income housing, the loss of SRO housing, the reduced value of public support payments, declining incomes of low income workers, and the crack cocaine epidemic that began to affect large American cities in the late 1980's. These economic conditions appear to have been triggered by basic changes in our country such as the loss of industrial jobs and the internationalization of the labor market. Studies conducted during the late 1980's identified many personal factors that are associated with increased vulnerability for homelessness, among them being African-American, male and between the ages of 30 and 40; having problems with mental illness or substance abuse; and having a history of past involvement with the criminal justice or foster care systems and lack of social support from family or friends.

A series of studies conducted at NEPEC have examined specific factors associated with homelessness among veterans. Using a variety of sources of data these studies evaluated the relationship between homelessness and: 1) service during wartime, 2) service in a war zone, 3) service in combat, and 4) a diagnosis of war zone related Posttraumatic Stress Disorder (PTSD). None of these military risk factors were found to be significantly more frequent among homeless veterans than among appropriately matched non-homeless comparison groups.

Studies using survey data gathered in four studies conducted in 1987 and data from the 1990 Census show veterans are <u>not</u> substantially over-represented among the homeless, with the exception of two groups who served in peacetime eras: those who served during the post-Vietnam era (1975-1991), and, to a lesser extent, the cohort between Korea and Vietnam. The post-Vietnam group, the most highly over-represented among the homeless, is the subpopulation of veterans who entered the military during the All-Volunteer Force (AVF). The disproportionately high rate of homelessness among veterans of these eras may, in fact, be related to lowered recruitment standards during periods when military service was not held in high regard. Post-Vietnam veterans in the general population, when compared with non-veterans in their age group, display a higher rate of psychiatric and substance abuse problems as well as of anti-social personality disorder.

An additional study comparing homeless veterans to homeless non-veterans found that homeless veterans did not differ from non-veterans on any indicator of residential instability, current social functioning, physical health, mental illness or substance abuse. A review of six NEPEC studies concluded that veterans appear to be at risk for

homelessness for much the same reasons as other Americans. Although VA benefits do not appear to have protected veterans from becoming homeless to any large extent, it is possible that homelessness among veterans would be much greater in the absence of these benefits.

Specialized VA Programs

Since 1987, VA has sponsored two major specialized programs to assist homeless veterans: the Domiciliary Care for Homeless Veterans Program and the Health Care for Homeless Veterans Program.[2] The DCHV program is currently in operation at 31 VA medical centers across the country, and has provided 14,000 episodes of care since it began. The HCMI program is currently in operation at 57 VA medical centers. HCMI teams evaluated 62,000 homeless veterans between 1987 and 1993, and provided 12,000 episodes of residential treatment.

Although the HCMI and DCHV programs differ in several respects, both initiatives involve five core activities:

1. outreach, to identify veterans among homeless persons encountered in shelters, soup kitchens and other community locations;
2. clinical assessments, conducted in order to determine the needs of each veteran seen by the team, and to give priority to those who are most vulnerable;
3. referral to medical and psychiatric inpatient and outpatient treatment;
4. time-limited residential treatment in domiciliaries (for the DCHV program) or community-based contracted halfway houses (for the HCMI program); and
5. follow-up case management, as permitted by available resources, to help veterans identify resources which will facilitate their community re-entry.

Both the HCMI and DCHV programs have been carefully evaluated and substantial evidence has been gathered attesting to their effectiveness. This evidence is especially impressive in view of the multiple, severe problems, and long standing disadvantages faced by these veterans. Monitoring data have been gathered on the course and outcome of treatment for *all* program participants and have been summarized in a series of annual reports. These reports provide VA program managers and the Congress with specific data on the performance of each of these programs at each medical center. In addition, to assist program development and planning, more detailed studies of longer-term outcomes have been conducted at three DCHV programs and nine HCMI programs.

Monitoring data show similar overall results from the two programs with about 40% of admissions successfully completing residential or domiciliary treatment. About one-third of veterans are housed independently in the community upon discharge and approximately 40% have some type of employment, with 18% disabled or retired. More than half of those who are admitted with specified problems (e.g., mental health problems, medical or social/vocational problems) showed improvement at the time of discharge.

More detailed evaluation data gathered through face-to-face interviews with veterans show significant improvement in psychiatric symptoms, substance abuse, employment, income, social connectedness and housing. Data gathered eight months after program entry, for example show that 72% of HCMI program participants had exited from homelessness for 90 days or more. Similar data gathered one year after discharge from the DCHV program showed 90% of veterans to have exited from homelessness for the same period of time.

Program Development

The substantial but imperfect gains of the HCMI and DCHV programs prompted further planning by VA to improve the services available to homeless veterans. In 1989, a panel of national experts was convened to review evaluation data and suggest future directions. This panel recognized the need to expand the range of services beyond health care and case management, to provide services that were longer term, more intensive and more community-based. To that end, efforts were developed to expand housing, financial support and rehabilitative dimensions of services by establishing formal collaborations with the Veterans Benefits Administration, the

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[2] Health Care for Homeless Veterans programs include all VA homeless programs operating under the auspices of the Mental Health and Behavioral Sciences Service, VACO. These include the Homeless Chronically Mentally Ill (HCMI) veterans program and the HUD VASH and Social Security Outreach Programs, among others.

Social Security Administration, the Department of Housing and Urban Development, VA's Compensated Work Therapy Program (now called the Veterans Industries/ Therapeutic Residences program), community nonprofit organizations, and State and local governments. The concept of the Comprehensive Homeless Center was developed to provide a full range of services needed by homeless veterans in selected locations and a new, more flexible type of VA bed section was designed: the Psychiatric Residential Rehabilitation and Treatment Program (PRRTP). All of these initiatives are being evaluated and monitored by NEPEC.

VA's consideration of changes and expansions of programs for homeless veterans was greatly influenced by its participation on the Interagency Council for the Homeless. Two important new alliances with other Federal agencies were forged at the Council: with the Department of Housing and Urban Development (HUD), and with the Social Security Administration (SSA). In addition, in recognition of our experience in the evaluation of multi-site programs for homeless persons, NEPEC will also be conducting the client-level evaluation of the Access to Community Care and Effective Support Services (ACCESS) program, of the Center for Mental Health Services an agency of the Department of Health and Human Services. ACCESS is now getting underway in 18 cities.

RECENT FINDINGS

Evaluation data are available on several of these expansion efforts.

Veterans Industries/Therapeutic Residences

A recent report on the Veterans Industries/Therapeutic Residences program showed over 70% were either homeless at the time of admission or had been homeless in the past. Veterans admitted had a high level of need, but also the personal potential to take advantage of program opportunity. On average veterans worked 28.8 hours per week in VI and earned an average of $105 per week. They paid an average of $142 per month towards the maintenance and upkeep of their residences. Average length of stay is 136 days. Data collected three months after discharge in face-to-face and telephone interviews with 167 veterans, showed that they were substantially better off than they had been at the time of the initial clinical assessment at admission to VI/TR. Clinical improvements were noted in virtually all outcome categories -most importantly in alcohol and drug abuse, employment income, housing status, and social contacts.

SSA/VA Outreach

Evaluation data available at present show that the interagency collaboration between VA and SSA, initiated through the Interagency Council on the Homeless, has stimulated the development of an extensive set of innovative programs designed to serve homeless veterans. At a national planning meeting, a multi-phase consensus process involving SSA and VA program leaders and service delivery personnel was used to identify goals and objectives for the initiative. Since that time projects have been implemented at three different levels of intensity: a high intensity co-location initiative; an intermediate intensity sustained liaison and training initiative, and a low intensity information dissemination initiative. Over 1,500 veterans have been served through the program at co-location sites, and the care of many additional veterans has been enhanced at liaison sites and through the information dissemination effort. Preliminary data show that information dissemination, by itself, appears to have little impact on application rates, award rates or decision time, suggesting that the more intensive efforts are necessary. In contrast, the co-location initiative has had substantial impact on application rates (which increased from 14%-26%), award rates (which increased from 26%-37%), and decision times (which decreased from 125 days to 63 days). Detailed information on the claims process shows that obtaining necessary medical examinations causes the biggest delay in getting benefits, but that having VA clinicians perform these examinations significantly shortens the decision time.

HUD/VASH

The HUD/VASH program, which links VA clinical care and case management with Section 8 Housing Vouchers is currently in operation at 19 VA medical centers. In FY 1993, 2,190 veterans were seen by VASH clinicians for purposes of outreach, screening and case management. A total of 581 vouchers have been made available to the program by HUD, and of these 442 (77%) have been allocated to eligible veterans. A total of 368 veterans have been placed in apartments with the help of the subsidy available through these vouchers. To maximize the chance of successful community adjustment veterans are followed intensively in the VASH program, as often as possible in community settings. Data on 624 veterans seen during the first quarter of

FY 1994 show that veterans in the program were seen almost twice in each week that they were seen, and that 12% of clinical contact time occurred in their apartments and 30% in other community settings. Anecdotal clinical reports suggest that, as anticipated, the vouchers are of substantial assistance in both outreach and community re-entry. Detailed evaluation data on program effectiveness will be available for future reports.

Conclusion

Homelessness among veterans is a problem that has no easy solution. It is also a problem that must not be ignored. During the past seven years it has been my privilege to have contributed to the use of objective evaluation data in the development of VA's specialized homeless programs. Much remains to be done. The data I have reviewed here suggest that VA, in collaboration with many other Federal, State and local agencies, has made an auspicious start.

PREPARED STATEMENT OF MAUREEN SHAFER, A.C.S.W., CHIEF OF SOCIAL WORK SERVICE AND HOMELESS COORDINATOR, VA MEDICAL CENTER, HUNTINGTON, WV

Homeless Chronically Mentally Ill Program

The Huntington Veterans Affairs Medical Center has recently been awarded a Homeless Chronically Mentally Ill Project. This HCMI Program will be primarily staffed by two masters level social workers. Staff will be mobile within our catchment area. This presentation is intended to provide an overview of the community of Huntington and our planned HCMI Program.

It is anticipated that this program will be fully operational in Spring 1994. The primary catchment area of this HCMI program is Huntington, WV. Once the program is operational in this primary targeted community, outreach will be expanded to Charleston, WV at the Vets Center and Prestonsburg, Kentucky at our Eastern Kentucky Outpatient Clinic.

Huntington Veterans Affairs Medical Center is located in a tri-state area, West Virginia, Kentucky and Ohio. The majority of our service area is rural with minimal transportation infrastructure, varying degrees of economic hardship and unemployment. The medical center is located in a community that is uniquely served by a number of agencies dedicated to alleviating homelessness. WV Department of Health and Human Resources research and state homeless studies have identified Huntington as having one of the greatest concentration of homeless individuals. Individuals are attracted to Huntington due to our geographic location as a border community of the tri-state area and the community's existing resources. This tri-state region is very rural and offers limited social, medical, mental health and residential opportunities. Huntington, WV has a wealth of excellent medical facilities (Marshall University Medical School, four community hospitals, an acute care psychiatric facility, plus the VAMC Huntington) and a myriad of social service agencies.

Community Resources

In 1987 the Cabell County Coalition for the Homeless was founded to provide direction for the community's services for the homeless. The Coalition provides oversight for three agencies that currently provide services for the homeless. Mid-City provides 12 furnished apartment complexes where the homeless can be placed and receive professional support to facilitate their independence for unsupported living. Vanity Fair is a fifty-three unit single room occupancy (SRO) located next door to Harmony House, which is one of the primary community social service agencies. Harmony House's mission is to offer and plan comprehensive medical, dental, social, psychosocial, educational and residential services for homeless individuals and families. In 1993, Harmony House provided some form of service to 870 separate individuals. Through a life skills program, assistance is given to individuals with citizenship rights and responsibilities, interviewing skills and basic daily life management (i.e., money management).

The majority of rehabilitative services that are available in the Huntington area are provided through Prestera Mental Health Center. Prestera has a group of programs entitled "Psychiatric and Rehabilitative Community Support Services." These services are directed to increase a client's success in the living, learning and working

environment with decreasing dependency on the community service systems. *Case management* provides a formal diagnostic workup, an individual written rehabilitation plan with specific goals to acquire skills and resources necessary to resolve their homeless status. *Behavior and Skills Development Services* are provided thru classroom and field experiences to support the client in the rehabilitation plan. Participants are enrolled in a *Supported Employment Program* which encompasses preparation, placement and maintenance in the competitive work place. *Residential Services* are available to augment the community's City Mission, and Coalition for the Homeless residential programs.

The City Mission, which is Huntington's primary service center for shelter and hot meals, provides shelter to an average of 118 individuals each day. Approximately 68% of the daily occupants are men, the remaining 17% are women and 15% children. In the past year the percentage of homeless individuals with family in the tri-state area has been steadily increasing. Current estimates are that between 35-40% of the homeless population are transient individuals.

The West Virginia State Veterans Home is located in a suburb of Huntington and is accessible by public transportation. This facility has an average of 115 veterans residing on both a short term and long term basis.

VAMC Huntington

Historically the Huntington VAMC has responded to the needs of the homeless on a limited case management basis and by volunteerism with community agencies. Recognizing that the needs of the homeless veterans in our community exceeds what could be effectively managed with our existing internal resources and at the same time allowing us to manage other mandated clinical activities, a proposal was made for the Homeless Chronically Mentally Ill Program (HCMI). The focus of our program will be active case management services for the homeless veteran population. The Coalition for the Homeless and Social Work at VAMC Huntington have identified the major gap in services to be active case management.

Under Huntington VAMC's HCMI program two full time masters level social workers will be performing the following services directly in the community:

1. Identification of homeless veterans
2. Case management to optimize eligible program within the community and Department of Veterans Affairs and financial benefits
3. Contracting with existing agencies for clinical support.

Identification of Homeless Veterans: It has been estimated by the Coalition for the Homeless that 30% of the community's homeless are veterans. Social workers will establish regular in-person contacts with the City Mission, Harmony House and Department of Health and Human Resources to seek out veterans. As the VAMC is not centrally located in the city of Huntington, social workers will be located both at the Vets Center and at the Medical Center. The Vets Center is conveniently located within walking distance of the City Mission and Harmony House. This identification process will be augmented by existing homeless veteran identification currently being conducted by the Vets Center and at VAMC Huntington. Public Service announcements, brochures, and contacts with community veteran organizations will be additional mechanisms to attract the invisible homeless veteran.

Case Management Services: The HCMI program social workers will serve as case managers and assure that the goals for these homeless veterans are obtained. The social workers will evaluate the comprehensive short and long term needs of the veteran and devise a treatment plan to meet the individuals specific needs. Community programs will be accessed through the HCMI program contract funds to obtain the rehabilitative services necessary to allow these veterans to resolve their homeless state. In addition to networking with the previously cited community agencies, the HCMI program social workers will facilitate with the VA Regional Office in Huntington and the VAMC including inpatient and outpatient programs. VAMC Huntington has a full range of medical, surgical and psychiatric services. A 10-bed inpatient short term psychiatric unit supports our Mental Hygiene Clinic and outpatient Substance Abuse Program. Community Residential Care Homes and Community Nursing Home Programs are readily accessible for those veterans who are not capable of independent living. Alternate programs (i.e., domiciliary care) within the Department of Veterans Affairs will be accessed through the HCMI social workers. Continual communications with HCMI program staff will be readily accessible by the homeless veteran as VAMC Huntington has a 1-800 number. By utilizing the Vet Center as one of the program

bases, the majority of the community services and HCMI support will be within walking distance.

Contracting with existing agencies will be critical to maintaining the individual veteran as a member of the community. While a number of our homeless veterans are transient, a higher percentage are expected to have family in the general area. It is our intention to assist this veteran, whether male or female, to regain their independence in their community and thusly restore and/or retain family relationships.

At present our relationships with the community agencies are both specific client related and in professional support and consultation. The majority of the community agencies have social workers from VAMC Huntington on their boards.

Homeless veterans who are hospitalized are identified by inpatient clinical social workers. While these veterans have been provided discharge planning, post discharge follow-up has been identified as inadequate. Under this HCMI program all homeless veterans will have collaborative discharge planning between Medical Center inpatient social workers and HCMI program staff. This will facilitate a comprehensive post discharge follow-up which will involve the veteran in the case management process.

In summary, this HCMI Program has been designed to address the needs of our homeless veterans and to maximize integration with existing resources. It is our intention to offer the homeless veteran continuous case management throughout his/her involvement in the HCMI Program.

PREPARED STATEMENT OF WAYNE A. THOMPSON, DIRECTOR, TOOLEY HALL, DENVER, CO

Mr. Chairman and members of the committee, it is an honor and a privilege to have been asked to represent the Tooley Hall program to the Committee on Veteran Affairs of the United States Senate. I am enclosing an overview of the program for your general information.

It is estimated that over 1,000 Veterans are homeless each night on the streets of Denver. With area shelters closing and facing zoning restrictions, the single male is being squeezed out of the affections of homeless providers. Tooley Hall provides a safe haven for 30 to 40 Veterans each night; we admit approximately 250 Veterans each year. Tooley Hall is a private business which contracts with the Department of Veteran Affairs. At commencement in 1987, all funding was via the Homeless/Chronically Mentally Ill (H/CMI) as provided by Congress under the McKinney Act. While this allotment of moneys to assist this segment of the homeless Veteran population has recently received supplemental funding, more and more sites have begun operation across the nation (45 HCMI sites in all). As new sites come on board, Denver is challenged to do with less HCMI funds for contract placements. Each year we suffer a 3 to 4 Veteran per night loss, and it is rumored Congress is downscaling larger sites (such as Denver).

Having once been the best thing in Denver to help homeless Veterans, HCMI is currently only 50% of our contract revenues. We know the need still exists, because for every one Veteran that makes it to Tooley Hall, there is one that remains on the waiting list. Although we have been able to contract for other Veterans coming out of inpatient substance dependency treatment and the correctional system, our program is in jeopardy if the HCMI funds are further diminished.

Many Veterans have accomplished much in this program to include: obtaining employment (65%), maintaining sobriety, and locating suitable housing. We see many commonalities (substance dependency 98%, mental illness 50%) in the diverse backgrounds of the homeless Veterans. In the last four years, our success rate has risen from 36% to 65%! Through our experience, we have learned that providing structure is vital in turning the homeless around. Veterans must be accountable and responsible while participating in the program, which entails completing daily chores, and concentrating on sobriety. While we have an in house relapse prevention group and vocational counseling, many Veterans are able to seek outpatient substance dependency and mental health counseling in the community. We provide motivation by offering a graduated system of privileges as Veterans achieve progress on their program plans. Veterans that complete the Tooley Hall program become contributing members of society again. They are able to regain confidence in themselves, combat the stigmatization which has wounded them even further, and donate time and resources back into the community. We have demonstrated that all this can be accomplished with just $43.00 per day.

We know that times are tough all over. It is becoming increasingly difficult to continue providing services for Veterans. We anticipate the proportion of Veterans in the entire homeless population to increase to possibly 70%. We need to learn how to work more closely with other Veteran Service Providers (i.e. Disabled American Veterans, Veterans of Foreign Wars, the American Legion). One such opportunity has been our involvement with Colorado Veterans for Housing, Inc. They have sponsored a homeless assistance fair, and have purchased a house to allow a stable, long-term solution for those Veterans leaving Tooley Hall who are not quite ready to live on their own.

We, as a nation, need to refocus on the homeless Veteran and remember that in Denver alone, there are over 1,000 Veterans homeless each night. We need to be assured that the time-proven HCMI program will continue with stable and reliable funding. I am here to learn how Tooley Hall may continue to be a vital service provider by sharing successes and learning from the success of others.

1994 PROGRAM OVERVIEW

Tooley Hall began providing residential services to Veterans in July, 1987. The facility, which is staffed twenty-four hours each day of the year, has a residential capacity of forty.

Service contracts are maintained with Denver and Grand Junction, Colorado, Sheridan, Wyoming, and Hot Springs, South Dakota Department of Veterans Affairs Medical Centers to provide services to adult male and female Veterans experiencing homelessness due to one or more of the following conditions: lack of community resources, drug or alcohol dependency, or mental health problems. Contracts with the State of Colorado and City of Denver to assist Veterans serving a sentence of community corrections are also maintained.

The philosophy of Tooley Hall is to provide a safe, chemical free, structured environment conducive to personal growth and self examination. The ultimate goal is to enable these stigmatized Veterans to transcend their current predicament and enter an independent living situation. Individual program planning utilizing a case management approach, emphasizing the utilization of local community resources for after-care purposes facilitates this process.

The program structure emphasizes individual responsibility and accountability. Its focus is on major concerns such as: acquiring stable employment, developing independent living skills, maintaining long term abstinence from alcohol and drugs, resolving medical problems, and coping with mental health issues. Veterans who are not employable due to physical disability or serious mental health problems are provided assistance in securing supplemental income and housing assistance. Further, Tooley Hall performs various monitoring services to assure a safe and healthy environment, such as periodic searches of the facility and grounds, breathanalysis tests, monitored urine tests, and monitored medication, including Antabuse.

Direct services are offered Veterans in the following areas: employment related counseling and assistance, basic life skills counseling, relapse prevention, vocational evaluation, emotional and physical health counsel, and indigent assistance.

Tooley Hall maintains memberships with the Park Hill Improvement Association, Marine Corps League, Vietnam Veterans of America, Chapter #107, and the International Association of Residential & Community Alternatives. Overseeing regulatory agencies include the Denver Veterans Administration Medical Center, the City & County of Denver, and the Denver Fire Department.

For additional information, contact Wayne A. Thompson, Director, (303) 388-2014.

PREPARED STATEMENT OF JOSEPH RANDALL BARNES, CHAIRMAN, NATIONAL TASK FORCE ON HOMELESS VETERANS, VIETNAM VETERANS OF AMERICA, ACCOMPANIED BY PAUL S. EGAN, EXECUTIVE DIRECTOR, VIETNAM VETERANS OF AMERICA

Mr. Chairman, members of the Senate Committee on Veterans' Affairs, Vietnam Veterans of America welcomes the opportunity to share its experience and expertise in working with homeless veterans. Ours is a hands-on knowledge. Today VVA is engaged in over 40 programs for homeless veterans in at least 20 states, not counting stand-downs. Most homeless veterans are Vietnam veterans, and we share with them a bond that runs beyond having served together. We shared a common homecoming that often left us feeling we had nowhere to go.

It is past the time for demanding that government get serious about homelessness. At every level, government got serious about homelessness at least a decade ago. Today we must demand that all of us get effective. Let me sketch for you some examples of effective efforts to aid homeless veterans:

Our experience points to the necessity of a "continuum of care" model in all programs for homeless veterans. A handful of coins or a free lunch are well-intended,, but they change nothing. Spending federal dollars on homeless shelters—unless they are part of a continuum of care-are just as fruitless, doling out scarce resources without changing anything. Today we must be effective.

The Continuum of Change Model

A continuum of care is an integrated combination of programs that range from immediate aid such as food and shelter to preparation for permanent jobs and permanent housing. A homeless program that keeps the same clients year after year is a failure. The steps from intake to leaving the rolls will differ from one case to another, but moving out is the measure of effectiveness. If we are not effective at helping them change their lives, we are simply colluding with them in their helplessness. It is not our task to be enablers.

The continuum of care model derives from the notion that there is a job to be done, a goal to be reached. "Hots and a cot" are not enough. We have to change their lives. Most homeless veterans do not have small problems. No single step will make things right for them.

The continuum of care is a series of steps. It will surely start with intake of some sort—a veterans stand-down, a drop-in center, other outreach. A sound community-based program will be a network of not-for-profit and government programs—Federal, State and local—that offer the homeless a menu of services. These will include temporary shelter, of course, and assistance with needs assessment and access to services. Transitional services will make the real changes—an array of services aimed at mental health and substance abuse problems, as well as job training. Finally they will include placement services, both for employment and housing.

In a decade of tight resources, federal program dollars must go solely to such community-based continuum-of-care programs. It makes more sense to build a complete house almost anywhere than to pay for a foundation in Maine, a kitchen in Kansas, and a roof in Colorado. Grant money that is not spent on full-range programs is wasted money.

A Special Needs Population

In the next two days, homeless veteran programs from all over America will share success stories like those that began this testimony. They owe their success to a number of obvious factors: good design, dedication, adequate funding and a continuum of care. But other programs designed for the homeless have these, and yet disappoint many of those they serve.

What makes these programs succeed is that they are targeted for a special needs population—they are designed not for some sort of generic homeless people, but for homeless *veterans*. Make no mistake about it, homeless veterans are not "typical" homeless persons who happen to have served in the armed forces. They are homeless *because* they are veterans, and their problems are different from those of the rest of the needy in the streets.

Why are they different? Statistics suggest the answer without giving it. Homeless veterans come from every ethnic group, but they are overwhelmingly men, and most served during Vietnam. Their median age is 42. The New York State Temporary State Commission on the Readjustment Problems of Vietnam Veterans found the highest correlations to be with combat service and Post Traumatic Stress Disorder (PTSD). Not war but the *nature* of the war in Vietnam—and its aftermath—explains why homeless veterans tend to be Vietnam veterans, and why they are unlike anybody else.

Let me step back for a moment and get a clearer view. Most Americans, by the age of 30, watch a hundred or more western movies. Almost all these films feature lonely wanderers, men so unadapted even to frontier society that they roam the badlands alone, yet few of these films mention that the period they describe was the first two decades after the Civil War, our nation's other divisive and unresolved conflict. Like Vietnam, it was a brutal conflict after which many soldiers found no place that felt like home. The World Wars united this country but Vietnam was a second civil war. That sort of aftermath worsens PTSD in combat veterans.

PTSD is a major cause of homelessness in veterans, and it comes from combat. Nobody can imagine how savage the nightmares are, how terrifying the flashbacks are. Most veterans with PTSD find that substance abuse—alcohol or drugs or both—will dull their unbearable symptoms, so they "self-medicate." But substance abuse is not cure. Quit and the horrors return.

Imagine trying to hold a job while carrying both a serious mental health problem and a major addiction. Imagine keeping your home or your family. Most of them live alone, afraid to trust anybody. They've tried jobs and failed, tried going straight only to have the war return every night, tried PTSD programs and been thrown out for drunkenness.

There are programs—though not enough—that treat PTSD and substance abuse simultaneously, but homeless programs aimed at the generic homeless don't know this. Generic homeless programs expect to find mental health problems complicated by substance abuse, but if you do not look for PTSD you will not find it. Every homeless man must be asked if he is a veteran, and it does no harm to ask the women as well.

Access to homeless veterans begins with trust, and they find it hard to trust anybody who has not "been there." The everyday world seem shallow and false to them. Arrogance is often a defense against the terror of being alone in hostile territory. For such men panhandling is not easy work.

They will trust other veterans, and we have had real success reaching out to them. Perhaps the best investment of federal funding to aid homeless veterans is in programs run and staffed by other veterans. Nobody works in such a program without a deep personal commitment.

Even so, reliance on local programs run by veterans is a hit or miss business. Speaking for the veterans service organizations (VSOs), we cannot cover all the bases and it is *the government's* job, not ours, to do so. There are two ways to do this job, and they work together.

The first is to recognize formally that homeless veterans are a distinct special needs population, one that comprises some 30-40% of the overall population of homeless adults. That means setting aside 30-40% of grant money for homeless veterans efforts, to be administered through responsible veterans organizations. That means encouraging such programs and organizations to grow and mature.

This responsibility is not DVA's alone. The Department of Housing and Urban Development (HUD) is the major agency for dealing with the homeless, but it does not employ this "fair share" concept in allocating its funds for programs and grants. Neither do most State and municipal governments.

This failure is costly. It means that otherwise well-constructed efforts and messages simply blow past a third or more of those they are intended to reach. This is like giving out the wrong serum to a third of the clinics during an epidemic.

The second approach would head off such failures. Part of devoting a "fair share" of homeless resources to the special needs of veterans is the creation of veterans offices, such as the Department of Labor's Office of Veterans Employment and Training to suggest policy and coordinate services within HUD and other responsible agencies.

Let me speak bluntly. I do not expect this suggestion to be greeted enthusiastically outside the veterans community. There is a notion that veterans, having long ago given whatever thing of value was theirs to give, have ever since whined incessantly for gifts and set-asides as a payback, especially in the form of guaranteed government jobs. This notion is not wholly incorrect.

But the blunt facts of the overall homeless efforts make a different case here. Homeless veterans are so clearly a special needs population—one that is large and difficult to reach yet eminently treatable—that it would be foolish not to target them for specific programs. The "fair share" concept, both in funding and in operational structure, is not an attempt to wheedle resources for an important constituency group. Rather, it is an eyes-open conclusion about who is in the streets.

The VA's Responsibilities

Until recent years the VA did little to help homeless veterans. It did not seek out customers, and it wanted benefits checks to go to fixed addresses. Except for the Vet Centers, VA represented everything rigid about the military that homeless veterans wanted to avoid, and avoid it they did. That bleak picture has begun to change but there is much that the VA must yet do.

Homelessness, for a great many veterans who suffer it, is a service-connected disability. PTSD, though major, is not its only cause. VVA hears regularly from a

veteran whose Cold War service was in missile silos, who says that constant preparations demanding a willingness to destroy all life on earth have ruined his sanity. The lowering of entry standards mid-way through the Vietnam War brought into the stressful world of the wartime military a group of men previously—and correctly—considered unfit to bear such stresses.

The VA must become aggressive in finding and helping homeless veterans. It must make care and compensation easy for them. Clinics modelled after the Vet Centers and co-located with them must take physical health treatment the same kind of "Help Without Hassles" that the Vet Centers have offered in the field of mental health. Such clinics must provide minimal medical service, as well as screening and easy in-processing for those found to need more serious treatment.

Most of all, the Veterans Benefits Administration must begin to do for our neediest veterans what it ought to do for all of them—process their claims quickly without an institutional bias against granting them. This will require outreach, perhaps in cooperation with other groups and programs, but it need not be difficult. Nowhere are the merits of benefits cases as clear-cut as with homeless veterans. Empower outreach teams to write up and grant claims using the evidence of their eyes and that provided by the Vet Centers and other VA and non-VA treatment programs. It need not be difficult, and it need not be slow.

VA benefits checks for legitimate service-connected disabilities can be an important tool in taking homeless veterans off the streets and giving them access to the productive life they have not yet been able to find. Combined with treatment, regular checks for real disorders such as PTSD can be a foothold in what they have known only as shifting sands.

Mr. Chairman, we thank you and the members of this committee for this opportunity. This concludes our testimony.

QUESTION FROM SENATOR AKAKA TO THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AND THE RESPONSE

[Senator Akaka essentially asked how the Section 8 HUD/VASH program sites were selected, whether it was operating in Hawaii and, if not, whether there were any factors, such as the lack of rental housing within the fair market rents that would make it difficult to operate the program in Hawaii.]

SECTION 8 HUD/VASH PROGRAM

The regular Section 8 voucher program is working in Hawaii and there appear to be no unique circumstances that mitigate against operating the program there. The HUD/VA Supportive Housing Demonstration (HUD-VASH) program is a special set-aside of Section 8 vouchers targeting the supportive housing needs of veterans who suffer from mental illness and/or substance abuse. This new collaborative effort between HUD and VA couples HUD's Section 8 voucher program with VA case management services to establish a model program of supportive permanent housing in the community for homeless veterans with mental illness or substance abuse problems.

HUD initially committed approximately $17.9 million section authority that will support 581 vouchers for 5 years. Theses vouchers were awarded to local Public Housing Authorities that cooperate with 19 VA specialized programs selected by the VA Central Office based upon the performance of VA Medical Centers and facilities with specialized homeless programs. The Honolulu VA medical facility was not eligible because it did not have a specialized homeless program.

HUD continues to support this worthwhile demonstration, providing another allocation of Section 8 vouchers totalling $19.1 million that will generate approximately 600 vouchers. On September 30, 1993, a competition for these funds was opened to Public Housing Authorities serving areas containing 77 VA Medical Centers and other facilities with specialized homeless programs. Honolulu VA facility was again not eligible because it did not have such a program. The Department expects to announce third competition in late 1994.

SECTION 8 VOUCHERS FOR HOMELESS PERSONS WITH DISABILITIES

There is another Section 8 set-aside potentially available for serving homeless veterans with disabilities in Hawaii. The Department has made available $147.7 million in Section 8 rental voucher funding for very low-income homeless persons with

disabilities and their families. The NOFA was issued in the February 1, 1994, Federal Register and application are due in May.

Veterans who are homeless may benefit as follows: (1) as very low income homeless persons with disabilities and their families who reside in transitional housing facilities for homeless persons, including persons in the VA Domiciliary Care for Homeless Veterans program and the residential care component of the Homeless Chronically Mentally Ill programs and the Compensated Work Therapy/Therapeutic Residence program for homeless veterans, or (2) as other very low income homeless persons with disabilities who are residing on the street or in emergency shelters. Additional homeless veterans may also indirectly benefit as persons currently in transitional facilities move to permanent housing and create openings in these transitional programs.

The rental vouchers provide up to five years of housing subsidy and allow participants choice in the selection of their hosing. The program would also provide appropriate supportive services to participants to address their changing needs in order to achieve stability in the community. The applicant would commit to matching the amount of rental voucher award with an equal value of supportive services funded under other programs. VA Medical Center and facilities can provide the supportive service match for this program. Thus the Honolulu VA facility could have worked with the local Public Housing Authority to apply for this special Section 8 set-aside.

DEPARTMENT OF VETERANS AFFAIRS RESPONSE TO GAO REPORT: HOMELESSNESS: DEMAND FOR SERVICES TO HOMELESS VETERANS EXCEEDS VA PROGRAM CAPACITY, GAO/HEHS-94-98

DEPARTMENT OF VETERANS AFFAIRS
Washington, DC, June 10, 1994.

THE HONORABLE JOHN D. ROCKEFELLER IV
Chairman, Committee on Veterans' Affairs
United States Senate
Washington, D.C. 20510.

DEAR MR. CHAIRMAN: Thank you for allowing me to provide additional information to clarify the record of the February 23, 1994 Senate Committee on Veterans' Affairs hearing. Specifically, I requested the opportunity to provide the Committee information regarding VA's response to the General Accounting Office Report: "Demands for Services to Homeless Veterans Exceeds VA Program Capacity," GAO/HEHS-94-98.

I believe the VA report entitled Services for Homeless Veterans provided to the Committee last year, did much to inform interested parties about a number of innovative programs and partnerships that VA has with others to improve the lives of homeless veterans.

However, we know more is required, and we want to ensure an on-going dialogue across this country with representatives of Federal, State and local units of government, community-based service providers, nonprofit and veterans service organizations. As I told the Committee at the February 23 hearing, I intend to make the delivery of information requested under Public Law 102–405 a priority and will deliver this information to your Committee as quickly as possible.

VA's Under Secretaries for Health and Benefits will direct each VA Medical Center and Regional Benefits Office to designate a staff member to coordinate the reporting of activities required under Public Law 102–405. All directors will be asked to meet with representatives of organizations that have services and resources to serve homeless veterans and to develop a local plan of action to improve the coordination and delivery of services to homeless veterans.

These local meetings and preliminary strategy development will be completed as soon as possible. Although this is the most comprehensive review of existing homeless programs in and out of government ever undertaken and the most ambitious attempt to create a seamless system of services at the local level, VA will do this as quickly and efficiently as possible. Knowing of your interest in this issue, I will periodically inform the Committee regarding the status of this report.

Although most of the required activities will occur at VA Medical Centers in coordination with VA Regional Benefits Offices, I have asked my Special Assistant on Homelessness, Dale Renaud, to monitor the required meetings and reports.

While, we already have numerous working partnerships between VA and others who provide service to homeless veterans, I want to encourage the expansion of those

partnerships and will keep the Committee informed of activities related to the on-going VA Nationwide Homelessness Networking and Planning Process.

Sincerely yours,

JESSE BROWN, *Secretary of Veterans Affairs.*

VA COMMENTS ON FINAL GAO REPORT

HOMELESSNESS—DEMAND FOR SERVICES TO HOMELESS VETERANS EXCEEDS VA PROGRAM CAPACITY

I. *The Report Holds VA Up Against An Unreasonable and Impossible Standard*

The report and its title suggest that VA is (or should be) responsible for treating and assisting each and every homeless veteran in the United States. The report does not adequately address the fact that VA is not authorized to provide the full range of needed treatment to a significant portion of the homeless veteran population. For example, VA is not authorized to provide assistance to those "homeless veterans" who were dishonorably discharged or did not serve the required minimum time in service; and VA's health care programs (which includes its homeless assistance programs) cannot reach homeless veterans who do not have significant health problems. Even if VA served every homeless veteran VA is permitted to serve, a large number of those currently counted as "homeless veterans" would still be left out. The report does not make that clear.

VA does not have the authority to provide all of the different kinds of assistance that VA-eligible homeless veterans need to reenter mainstream society. For example, VA is not authorized to provide permanent housing, emergency food or shelter, or certain types of health care (e.g., outpatient dental) to homeless veterans. In addition, VA cannot provide health care to the families of VA-eligible homeless veterans, which sometimes forces VA to separate a homeless veteran from his family in order to provide assistance and otherwise complicates VA's efforts to help.

More broadly, the report did not cover the fact that veterans are not exclusively the responsibility of VA. Homeless veterans, themselves, are eligible, and often entitled, to a range of other Federal assistance (e.g., SSA benefits, Section 8, food stamps, etc.). Indeed, veterans are part of the overall homeless population that all the non-VA homeless programs (federal, state, and local, public and nonprofit) are supposed to assist. State and local homeless programs, and veterans programs, also serve—and have a responsibility for—homeless veterans. In addition, nonprofit programs that help veterans are eligible for grants from a range of other Federal programs.

VA's mission is to provide veterans with special, additional assistance in partial compensation for their service to this country. VA's homeless assistance should, similarly, provide special, additional assistance to homeless veterans above and beyond what they should receive, equally with other homeless persons, from non-VA assistance programs. (Unfortunately, some providers mistakenly believe that it is VA's responsibility to ad dress all the needs of all homeless veterans. Accordingly, they sometimes deny assistance to homeless veterans and direct them to go to VA—even when the nearest VA facilities cannot provide the help the homeless veterans need.)

II. *The Report Does Not Fully Present The Problem of Limited VA Resources*

While the report discusses the problem of limited resources, it does not present the full extent of the problem. Even if VA dedicated all of its inpatient beds in each of its 171 hospitals to serve homeless veterans, VA would still be unable to provide sheltered assistance to more than about a third of the one-day homeless veteran population.

III. *Specific Comments on the Report Text*

1. *Page 1.* Estimate of 500,000 to 600,000 homeless persons is from 1987 data collection (pre-recession and very dated). That low an estimate is rarely used without explanation. To be more accurate, the sentence should state that "The most recent national survey of homelessness found that in 1987...."

2. *Page 1.* The GAO Report could have mentioned other studies that have presented the characteristics that distinguish homeless veterans from other homeless adults. Most significantly, they are older and better educated, and approximately 10% suffer from post traumatic stress disorder (PTSD). Otherwise, homeless veterans closely resemble homeless non-veteran adults.

3. *Page 2.* To be precise, the legislation authorized two *types* of VA homeless programs (not just two specific programs): 1) programs to help homeless chronically mentally ill veterans, defined to include those with substance abuse problems; and 2)

domiciliary care for homeless veterans programs. From this authorization, VA initially developed its: 1) HCMI program; and 2) DCHV program. VA later developed a range of other programs for homeless chronically mentally ill veterans that fall under the first type of authorization and funding (e.g., the HUD-VASH, SSA-VA, and CWT/TR programs). Along with the HCMI program, these programs receive funding from what Congress calls HCMI funding. In other words, this HCMI-labeled congressional authorization and funding supports not only VA's HCMI program but also several other VA programs for homeless mentally ill veterans.

4. *Page 3 (footnote 5).* This footnote needs clarification. "Health Care for Homeless Veterans" (or "HCHV") programs label refers only to that group of VA homeless programs administered by VA's Mental Health and Behavioral Sciences Service, which include the HCMI, homeless CWT/TR, homeless CWT, SSA-VA, and HUD-VASH programs (i.e., all of VA's programs for homeless chronically mentally ill veterans, which includes those with substance abuse problems). Accordingly, the DCHV program is not included, nor are any of VA's non-health care homeless initiatives. In addition, some HCMI programs use the broader HCHV label in order to help homeless veterans in the programs avoid the stigma of being in a program labeled as being for chronically mentally ill veterans. In fact, some homeless veterans are less likely to enroll in a program if it has the "chronically mentally ill" label. Other VA homeless program sites refer to themselves as HCHV programs because they have several different programs or components all working together under one roof—e.g., an HCMI program, a homeless-specific CWT and a HUD-VASH program all at one site.

5. *Page 3 (footnote 6).* This footnote should read "psychiatric disorders, including serious substance abuse problems."

6. *Page 3.* The description of the HCMI program would be more complete if it mentioned that through its residential care facility contracting, VA creates and supports effective partnerships with over 200 nonprofit providers and provides funding of over $10 million per year to the nonprofits.

7. *Page 3.* The descriptions of HUD-VASH and SSA-VA could be improved. VA does much more than simply provide "ongoing treatment" to homeless veterans in the HUD-VASH program. They reach out to and identify homeless veterans who are ready for permanent housing, help them find the housing, help them to move into the housing (which is often a bigger psychological than physical move for the veteran), and then help the veteran successfully stay in the housing over the long term. HUD's contribution of Section 8 vouchers should also be mentioned. In addition, the SSA-VA Joint Outreach Initiative has dramatically increased applications for SSA benefits from homeless veterans, sped up the processing of applications, and increased the number receiving such benefits. Moreover, getting the SSA benefits is only a first step in the overall effort by the SSA-VA staff to help rehabilitate the homeless veterans.

8. *Page 3-4.* The section on CWT and CWT/TR is somewhat confusing. It would have been clearer if it had provided a fuller description of the basic CWT program and then explained the difference between the stand-alone CWT program and the CWT/TR program. The basic Compensated Work Therapy program uses work for pay as a therapeutic tool for rehabilitating homeless and at-risk veterans. Work opportunities are provided through sheltered workshops at VA facilities, contract work with public agencies and private business, and actual job placement in regular work sites. In the Compensated Work Therapy/Therapeutic Residence program, homeless and at-risk veterans working in the CWT program live in VA-supervised group homes in the community as they make the transition to more permanent employment and housing. Many CWT sites exist without a TR component; and there are both homeless-specific CWT sites and homeless-specific CWT/TR sites.

9. *Page 4.* The sections on the Medical Centers, Vet Centers, and VBA Regional Offices do not explain that their respective special homeless coordinators were assigned within existing budget and staff levels. The Social Work Service's homeless coordinators for discharge planning are not mentioned. Additionally, these sections do not explain what "collateral duty" means or what its consequences mean—i.e., that VA homeless coordinators do their homeless assistance work after their preexisting tasks as an ancillary duty.

10. *Page 5.* This section fails to acknowledge the many steps the Acquired Property for Homeless Providers program has taken recently and over the past several years to increase the number of transferred properties. Nor does it acknowledge the recent acceleration in sales.

11. *Page 6.* The section on the number of homeless veterans served by VA does not mention the numbers served by VBA homeless outreach (15,000); Vet Centers (10,000); inpatient care (30,000); outpatient care (50,000+); or SSA-VA (2,500).

12. *Page 6.* Discharge planning section should state that it is VA Social Work Service staff that do inpatient discharge planning, and that the Social Work Service has designated homeless coordinators at every site. Follow-up on veterans leaving the homeless programs is an *entirely separate* matter from inpatient discharge planning and should be discussed separately. In discussing the homeless program follow-up efforts, the text might point out the different categories of veterans leaving the program: a) graduates who successfully complete the program; b) those who simply leave; c) those expelled for violations (e.g., drug use or violence); and d) those transferred to other programs. The existence of these distinct groups suggest several basic questions that the section might have considered. for clarification purposes. For example: Should homeless program staff do follow-up with all of these groups? Is that even possible? How do the programs do with follow-up on graduates?

13. *Page 6.* The section on VA's PL 102–590 compliance should have mentioned that, through a contract with the National Coalition for Homeless Veterans, VA was developing (and now has) a comprehensive list of all providers of services to homeless veterans, which is a necessary component of the P.L. 102–405 task. In addition, VA already has comprehensive data on the needs of homeless veterans in the United States. What VA does not have is comprehensive data on the specific needs of homeless veterans and the available sources of assistance in each and every VAMC catchment area. The GAO report should have given some indication of how difficult, complex, and expensive it is to develop that kind of data. VA has moved this project forward without new or additional funding.

14. *Page 7.* The D.C. section failed to mention the HCHV teams regular outreach on the streets and in parks or VA's one-day assistance fair for homeless veterans in the D.C. area. The assistance fair took place on February 23, 1994. It not only raised awareness of the problem, and of VA's homeless programs, in the area, but also brought together a range of nonprofits, veterans service organizations, etc. to work on the effort. Over 500 homeless veterans pre-registered for the Assistance Fair, and over 650 attended. VA mailed information to about one hundred D.C. area nonprofits and VSOs to inform them about the Assistance Fair and solicit their assistance, and held regular development and planning meetings with the non-VA participants. This section inaccurately states that there has been a Stand Down in D.C. There has not.

15. *Pages 7-8.* The characterization of VA outreach and participation in San Francisco does not present a complete picture. Among other things, it omits reference to VA's very extensive, critically important participation in the San Francisco stand downs for homeless veterans or the new VA homeless facility based right in the heart of the Mission District (where many of the homeless are).

16. *Page 9.* The prevention statement should at least mention that tens of thousands more veterans would be homeless each night if they were not residing in VA's regular domiciliaries, nursing homes, or inpatient facilities or if they were not receiving VA benefits and pensions. That's how the best prevention works: unseen and unappreciated. In addition, it is misleading for the report to say that VA does not have a 'nationwide" program to assist homeless veterans. With limited resources, VA has created over 100 specialized homeless programs in over 37 States and D.C. VA's HCMI program sites, by themselves, represent the largest integrated network of homeless treatment and assistance programs in the country (and the homeless domiciliaries come in second). See General Comments I and II.

17. *Page 10.* By listing the eligibility requirements related to homeless veterans seeking help from VA medical centers, this section could have made the report much more accurate. See General Comments I and II.

18. *Page 11.* Although no current precise data exists, past data collection by Social Work Service shows that at least 20,000+ homeless veterans receive inpatient care each year from VA.

19. *Page 12.* See comment 7, above, regarding HUD-VASH.

20. *Page 13.* All of the veterans in the CWT or CWT/TR programs are either homeless or at risk. Moreover, substantial portions of the veterans in the non-homeless specific CWT and CWT/TR sites are homeless.

21. *Page 14.* The Vet Center section should have mentioned that each Vet Center has a homelessness coordinator (and explained the collateral duty aspects of that staff persons homelessness work).

22. *Page 14.* The VBA section did not mention that the homeless outreach efforts of the VBA staff are ancillary duties that give way to primary duties whenever there is a conflict. The exceptions are those sites where VA is funding full-time VBA outreach workers using funds specially authorized by P.L. 102–590. The report makes no mention of this very important new initiative, and fails to note that, overall, VBA outreach staff make roughly 15,000 contacts with homeless veterans each year.

23. *Page 15.* See comment 12, above, regarding discharge planning.

24. *Page 15.* See comment 13, above, regarding VA's PL 102–590 compliance. Moreover, VA has been working with the member agencies of the Interagency Council on the Homeless to have the Bureau of the Census develop and undertake a national survey of services use by homeless persons that would provide the first extensive hard data on the service use, needs, and characteristics of homeless veterans and the entire homeless population. VA, along with other agencies, has supported the development of the survey instrument and other planning, and funding for the survey, itself, is in the President's FY 1995 budget. In addition, it should be noted that VA was not provided with any funding to accomplish the tasks of P.L. 102–405. It should be noted that this is an enormous, complicated, and expensive undertaking that VA will accomplish without additional resources.

25. *Various Places Throughout The Report.* The report also does not mention a number of important and relevant VA initiatives:

1) The development of the first-ever VA grants and per diem program for public and nonprofit providers of services to homeless veterans;

2) The broad, diverse, and growing range of VA homeless program partnerships with nonprofits, veterans service organizations, State and local governments, and the business sector that expands VA's ability to serve homeless veterans—and increases the overall size of the nation's homeless assistance pie.

3) VA's growing number of Comprehensive Homeless Centers. There will be six by the end of the year). The report might identify these as the model of what is needed in every major concentration of homelessness if VA is to play a major role in meeting the needs of a significant portion of the total homeless veteran population.

4) VA's National Summit on Homelessness Among Veterans, which (among other things) provided VA with information about what is most needed to improve assistance to homeless veterans and end homelessness among veterans.

5) VA's extensive assistance to Stand Downs for Homeless Veterans in over 40 communities nationwide in 1993, with even more planned for 1994. Stand Downs not only provide assistance to homeless veterans, but also bring new resources to bear on the problem while stimulating new cooperation and coordination among all locally-based providers of services to veterans or homeless persons. This new coordination and collaboration continues to produce benefits long after the stand downs end.

6) VA's intensive monitoring and evaluations of its specialized homeless programs, which has: a) ensured that the money directed to homelessness does actually go to support homeless programs, b) maintained program quality; c) helped to improve existing programs; d) identified unmet needs and, therefore, helped in the development of new programs; and e) shown that VA's homeless assistance programs are among the most effective homeless programs in the country.

More generally, the final GAO report fails to acknowledge that with a small central office staff and limited resources VA has quickly developed a remarkably diverse and extensive range of effective programs and initiatives to help homeless veterans. In conjunction with the equally diverse range of partnerships they have created with other non-VA agencies and organizations, these programs can create the local comprehensive continuums of care homeless veterans need to escape homelessness and become as independent and self sufficient as possible.

STATEMENT OF JAMES B. HUBBARD, DIRECTOR, NATIONAL ECONOMIC COMMISSION, THE AMERICAN LEGION

Mr. Chairman, on behalf of the 3.1 million members I thank you for the opportunity to comment today on programs for homeless veterans operated by the Federal Government.

Mr. Chairman, as you are well aware there may be as many as 250,000 homeless veterans on the streets of America. The problem is not new either. A study done in 1988 by the Urban Institute was an indicator that a tragedy of major proportions was taking place. Since then, the United States has barely made a dent in the homeless veterans population.

A homeless study conducted by the National Coalition for the Homeless in 1991 showed that the problem exists nationwide. The study also showed that most homeless veterans are relatively well-educated single men (about 10% are homeless with their families), most have been homeless for less than one year, most are not receiving unemployment benefits, and that 20-40% served in the armed forces during the Vietnam era.

The same study showed that, in 1991 at least, the response is less than adequate. Homeless veterans rated services at little better than 5.2 on a scale of ten by homeless veterans themselves. VA homeless programs released veterans to the streets from residential treatment programs without any provisions for locating housing, job training or counseling, or job placement. Funding for homeless problems at the Department is an extremely small portion of the total VA budget.

The Department of Veterans Affairs still admits to ongoing problems. Though VA is working with the Department of Housing and Urban Development to provide Section 8 housing, this effort only operates at 19 of the more than 170 VA medical centers and will only provide 1350 vouchers. Thus, the Section 8 housing program assists a very small portion of the 22,000 veterans seen in the VA's specialized homeless programs on an annual basis.

Primarily due to the efforts of the Veterans' Affairs Committees, funding for VA homeless programs were funded at $65.9 million for FY 1994. This allowed some expansion of the assistance to homeless veterans served by the VA. A joint Social Security Administration and VA project locates homeless, mentally ill veterans and provides assistance in applying for benefits from both agencies. VA staff have been participating in "stand-downs" sponsored by local coalitions. VA is about to host a national "summit meeting" on homeless veterans. New concepts and ideas for treating homeless veterans will very likely be generated by this summit.

As is usually the case, limited funding of these and other programs will not allow for expansion. The number of VA operated Comprehensive Homeless Resource Centers, which provide a wide range of services to homeless veterans will remain at three. Dallas, Brooklyn, and Manhattan will remain open and operating but no expansion can be made elsewhere. VA had hoped to open four additional centers this year. In addition, VA case managers will be required to support an increase in the HUD/VA Section 8 program which provides housing vouchers.

The American Legion believes more flexibility is needed to permit VA to provide outpatient dentistry, eye examinations and eye glasses, and other critical outpatient services, such as podiatry to homeless veterans. Current eligibility criteria do not allow VA to provide these services unless a veteran who is not in the highest mandatory care category is a long-term inpatient. Also, VA must be provided the flexibility to implement an effective homeless prevention strategy so that veterans are not just sent back to the streets, but rather, provided interim housing until job counseling, training, and placement service can be started.

In this connection, the Homeless Veterans' Reintegration Project (HVRP) which is operated by the Veterans' Employment and Training Service (VETS) at the Department of Labor would serve just such a role. By law, HVRP grantees cannot serve veterans who have a drug or alcohol abuse program. These people must be referred to treatment. Cooperation between local HVRP grantees and local VA facilities has been fostered by VETS, but cannot be mandated. However, with the size of the HVRP program, The American Legion believes that a much more formal status must be achieved. The current Memorandum of Understanding (MOU) does not address the homeless issue. The American Legion advocates the execution of a new MOU

specifically to address the homeless veteran issue in order that each agency have a clear understanding of the duties and responsibilities assigned to them.

There are other areas where innovative programs could be started. Permitting nnonprofitorganizations to lease surplus medical center property to provide interim housing is one possibility. The use of surplus military facilities made available by base closures seems to The American Legion to be a good way to provide living quarters for homeless veterans which are in close proximity to training facilities. Barracks are already available and former motor pools or hangar facilities would make excellent training facilities. There is no shortage of good ideas in this area.

The homeless summit, to be held over the next two days, will undoubtedly see new ideas surface which if implemented, will provide cost-effective, non-traditional health and employment services to homeless veterans. These ideas need to be nurtured and expanded. To date, not much of a dent has been made in the homeless veteran problem. The commitment to helping homeless veterans must continue. It is incumbent on all Federal agencies to ensure that the resources brought to bear on homelessness are spent in a cost-effective manner. This means better cooperation between agencies at the national AND local levels. People of good will can do this.

The American Legion believes that a good place to start would be the expansion of VA's Comprehensive Homeless Assistance Centers. We also believe these centers need proper resources and proper staff support, and that they must be opened in places where a solid Homeless Veterans' Reintegration Project is operating. This will allow a continuum of intake, treatment, release, housing assistance, and job counseling, training, and placement to take place.

The American Legion appreciates the funding support VA's homeless assistance programs have received over the past several years. VA is developing the requisite environment to treat many of the nation's homeless veterans. Still, we think VA must take a more pro-active role in informing the public and Congress of the successfulness of its homeless assistance programs. If VA requires more resources to further advance its homeless programs and related objectives, we think they can and should design an effective strategy to attract additional federal homeless program funding.

Thank you Mr. Chairman, for this opportunity.

STATEMENT OF MICHAEL BRINCK, NATIONAL LEGISLATIVE DIRECTOR, AMVETS

Mr. Chairman, AMVETS would like to thank you for holding this hearing on a matter that is becoming increasingly too common—the plight of 250,000 homeless veterans. Next year, the administration's budget for the Department of Veterans Affairs (VA) allocates about $66.8 million for homeless programs, including $28.7 million for HCMI, $27.8 million for DCHV, $420,000 for CWT. By way of comparison, the Independent Budget for VA developed by AMVETS, DAV, PVA and the VFW recommends a total of $86.8 million for these programs.

It is sad to see homeless persons identify themselves as veterans during interviews. The statement is usually something like, "... and I'm a veteran," and if you listen closely, you will often detect both a sense of pride in the title veteran and a sense of shame—both for themselves and their nation.

But it is important to remember that homelessness is a symptom, not a cause and it is important to attack the causes. Admittedly, many are on the street because of substance abuse problems of one sort or another; but some are there because they are members of the working poor; many are victims of the recent recession; others are there because they have been "mainstreamed" out of psychiatric institutions where they were treated for chronic mental disorders. And these are not just Vietnam veterans. We understand that in some areas, nearly 25 percent of the homeless veterans served during World War II or the Korean War. At the other end of the age spectrum, it is not unusual to see Persian Gulf veterans numbered among the homeless.

This is undoubtedly the unhealthiest and most at risk portion of the veteran population. TB and AIDS are often found among them in addition to the effects of a lifestyle of substance abuse. Primary medical care can do much to alleviate the long-term effects of homelessness and that is why we urge you to pass Senator Akaka's bill that will allow VA to put basic medical screening in places like Vet Centers.

So, what can we do? The obvious answer is to address substance abuse, lack of a good job and a realistic approach to mental health care. Of these, the most promising,

in terms of positive results must be a good paying job once basic health concerns are addressed. The effects of a good paying job are obvious. The burden on the taxpayer is reduced because the veteran no longer needs to depend on the social safety net.

Therefore, AMVETS strongly recommends improving the Veterans Employment and Training Service (VETS) and its programs as one means of helping veterans out of homelessness and, even better, preventing homelessness. For fiscal '95 the administration is requesting about $187.3 million, including $86 million and $80 million in grant to states to fund Disabled Veterans Outreach Program Specialist (DVOPS) and Local Veterans Employment Representative (LVER) positions. According to VETS data, last year VETS helped over 561,000 veterans find jobs. They also conducted over 3,400 Transition Assistance Program (TAP) workshops for 145,000 military personnel and family members about to separate from the service. VETS also helped nearly 1400 veterans return to their pre-service employment through enforcement of veterans reemployment rights laws. Finally, VETS assisted 8415 homeless veterans through the Homeless Veterans Reintegration Project with nearly 4,000 expected to find jobs as a result. Clearly, a strong and independent VETS is one of the best tools for keeping veterans out of homeless shelters. Unfortunately, the cuts in DVOPS and LVER positions necessary to accommodate next year's budget will not allow vets to continue that level of service.

VA's Compensated Work Therapy (CWT) program includes six of its 20 centers exclusively for homeless veterans. These VA-owned group homes have provided over 800 veterans with therapeutic treatment and supervised living since 1990. According to VA, 39 percent of the participants have been homeless prior to entry into the program. We applaud this building block approach to rehabilitation and urge VA to expand the program. The Homeless Chronically Mentally Ill program seeks out veterans in shelters with chronic psychiatric problems and attempts to place them in community-based programs that offer psychiatric and rehabilitative services. VA pays about $35 per day and has placed over 15,000 since the program began.

The Domiciliary Care for Homeless Veterans uses VA and non-VA facilities to provide non-hospital based treatment and rehabilitation to stabilize non-acute medical and psychiatric conditions in a residential setting.

The private/nonprofit sector has much to offer in the way of examples of how to attack veteran homelessness. AMVETS recently participated in Standown training conference here in Washington sponsored by the National Coalition for Homeless Veterans. As a result, our Department of Ohio is planning to sponsor or cosponsor three standowns for homeless veterans in Ohio next year. AMVETS would like to express our appreciation to the seven Regional Bell Operating Companies for their $35,000 contribution to help make the conference a success. We sincerely hope their example will foster similar generosity from other sectors of industry. Additionally, AMVETS will participate in VA's Homelessness Summit and we look forward to learning more and assisting the VA in caring for our veterans.

At this point, AMVETS would like to mention a very special person. As you know, AMVETS has an Award called the Silver Helmet®. Over the years it has gone to many famous people, including members of Congress as well as private citizens, and is given only to those who provide significant service to veterans. This year, the Silver Helmet® for Veterans Rehabilitation goes to Mr. Ken Smith of the New England Shelter for Homeless Veterans. Mr. Smith's program is a model of the integration of government, nonprofit and private resources and we suggest his experience offers much for VA to build upon. We thank him for his dedication and strength.

Mr. Chairman, AMVETS is just beginning to get seriously involved in the homeless issue. Our full testimony includes a copy of an article on homelessness from our national magazine, *The National AMVET,* as an example of how we are trying to combat the problem of homelessness among veterans.

This year, we have nearly 60 National Service Officers and a budget of about $2.3 million to support our service program—a program that in the final analysis is designed to help prevent homelessness among veterans. But we want to do more. Many of our local posts have shown interest in setting up homeless programs. Unfortunately, the common concern among this very dedicated group of veterans is the question of liability insurance. Such insurance in these kinds of situations can be very costly and effectively prevent establishment of these types of homes. We ask the committee to consider some form of legislation to enable VA to assume liability—with proper oversight—to make it financially easier for the grassroots to become more involved.

Mr. Chairman, once again we would like to thank you for devoting this hearing on what has become a national disgrace. We urge the committee to be innovative in any legislation you may consider. That completes our testimony.

STATEMENT OF DENNIS M. CULLINAN, DEPUTY DIRECTOR, NATIONAL LEGISLATIVE SERVICE, VETERANS OF FOREIGN WARS OF THE UNITED STATES

Mr. Chairman and members of the Committee: Thank you for the opportunity to appear before this distinguished Committee to present the views of the 2.2 million members of the Veterans of Foreign Wars with respect to the tragic issue of homelessness among the veteran population. By holding this hearing, Mr. Chairman, you are demonstrating your strong desire to understand and address the problems of homeless Americans and, in particular, homeless veterans.

By all reports a significant segment of the homeless population is comprised of veterans. Information available to us indicates that from one-third to one-half of homeless men are veterans. These are individuals who once proudly served their country but are now relegated to wandering the streets of this nation, outcasts in their own land. They have fallen on hard times and now need this nation's assistance. These homeless veterans are individuals who have sacrificed for the good of the nation. We must no longer deny their existence nor their need.

The Veterans of Foreign Wars believes the Secretary of Veterans Affairs should assume a leadership role in the development, coordination and implementation of programs provided to assist homeless veterans. The Department of Veterans Affairs is the principle advocate for America's veterans. The stated mission of the VA is to serve America's veterans and their families with dignity and compassion, thus ensuring that they receive the care, support and recognition earned in the performance of their duty for this nation. This mission certainly extends to the homeless. The VA has established a series of broad goals to serve as standards and carry out its mission. These goals include providing an appropriate level of benefits to eligible veterans and beneficiaries, exercising leadership within the Federal Government to represent the concerns and needs of veterans and their families to ensure excellence in the equality of service provided to all of America's veterans.

Based upon our contact with the homeless through our Department and Post Service Officers, we find that homeless veterans, generally, are aware of the benefits and agencies available to assist them. They know where to obtain shelter and subsistence; however, they tend to shun shelters out of fear of their contemporaries. They refuse to deal with the bureaucracy and look only to their individual immediate needs. We are concerned that the large number of war-time homeless veterans indicates that veterans who endured extensive combat, regardless of era, may have a propensity for readjustment difficulties, including unemployment and substance abuse.

Unfortunately, the number of veterans benefits counselors has been significantly reduced. These individuals are key components reaching out to the homeless and can identify those veterans who qualify for assistance by the Department of Veterans Affairs. They can provide counseling to those with less than an honorable discharge on the correct procedures to attempt to upgrade discharges and conduct referrals to other agencies such as the Social Security Administration or Health and Human Services' public health service programs. Eligible veterans can be referred, as appropriate, to readjustment counseling, alcohol and drug dependence treatment programs and other medical service programs. I would point out that the VA alcohol and drug dependence treatment program has a very high success rate. The VA should enroll eligible veterans into vocational rehabilitation training and, as appropriate, assist them in applying for compensation or pension. Vet Centers can provide critical outreach and counseling services to these homeless veterans and should continue to function and be tasked accordingly.

Mr. Chairman, steps to relieve the problems of homeless Americans should be directed toward two basic areas. First of all, steps should be taken to slow or stop the increasing number of homeless—the so-called social service safety net needs repair. We must take steps to quickly identify the main causes of homelessness and then implement measures to remedy these problems. Secondly, we must provide housing, basic health care, counseling and rehabilitation and employment opportunities for those thousands who are already homeless. All levels of government must work together and coordinate their efforts to provide these basic human needs.

The scarcity of affordable low-income housing appears to be the single most significant cause of homelessness. As the cost of living escalates, increasing numbers of poor persons have been literally squeezed out of the housing market and forced onto the streets. Once on the street any sense of self-worth or hope soon fades and it then becomes extremely difficult to rejoin the mainstream. Having a place to live is more than just a matter of shelter; having affordable housing helps reestablish a sense of self-worth and pride and only this will allow the homeless an opportunity to rejoin society.

However, providing affordable housing is only the first step in the rehabilitation of the homeless. The homeless have sunk to the very bottom of society. These people must endure a harsh existence and many suffer from chronic mental illness and substance abuse. They generally display behavior that violates the accepted norms of society, this often results in society using punitive action to address this disenfranchised group. Before these individuals can be returned to a meaningful role in society, much long-term readjustment and rehabilitation must take place. In most cases, the homeless are not job ready and will not be quickly assimilated back into a working society.

The VFW strongly believes that if VA is to play a key role in resolving the homeless problem, additional funding must be supplied for the needed doctors, psychologists and benefit counselors to help these veterans return to the mainstream of society. It serves no purpose for veterans who seek help to be told they have to come back later because of a lack of professional VA staff.

We of the VFW strongly encourage Congress to provide the Department of Veterans Affairs with sufficient funds to expand its current leadership role in addressing the homeless issue. These funds could wisely be spent converting nonutilized and underutilized VA and DOD facilities to house and rehabilitate homeless veterans.

Until the time Congress provides additional resources, the VA could much improve and expand the programs they presently administer. Specifically, VA should not discharge veterans from medical facilities when there is no appropriate place for them to live. National standards must be adopted to guarantee that housing and employment are available to veterans being discharged from VA treatment programs and periods of hospitalization. Secondly, the VA should eliminate the restrictive eligibility for job training and retraining programs through the VA's Vocational Rehabilitation Service. Presently, this cost-effective program is only able to serve a limited number of veterans with potential for rehabilitation. However, if funded appropriately, the program could be expanded and become a means for helping homeless veterans achieve self-sufficiency.

Mr. Chairman, the VFW views the homeless veteran situation as being so serious that we have taken the step of establishing a special committee to direct and orchestrate the utilization of VFW resources to best come to the aid of these deserving American veterans. This Committee, which is comprised of members of both the VFW's Washington and Kansas City Offices, was established at the direction of VFW Commander-in-Chief George R. Cramer and has already been aggressively pursuing the resolution of this issue.

The VFW is focusing on how best to assist homeless veterans in breaking their cycle of homelessness. Our effort is seen to be a joint one in concert with the Department of Veterans Affairs and other organizations who share the mutual goal of ensuring that those homeless veterans who desire it are given the means to reintegrate themselves into mainstream society.

Assisting homeless veterans is not new to the VFW. Local Posts have always extended a helping hand in their communities. Also many of our Departments and Posts were this past year involved in several of the (approximate) 35 Stand Downs that occurred across the country. These 2-3 day events provided opportunities for homeless veterans to seek job counseling, legal assistance and substance abuse counseling. Stand Downs also serve as a mechanism to gather together homeless veterans, who by their circumstances are transient, into a safe haven thereby enabling the rendering of essential services. This transient aspect has historically been a major impediment in effectively rendering aid to the homeless population.

Secretary Jesse Brown, Department of Veterans Affairs has made assistance to homeless veterans a "top priority" at the VA. To this end, the Secretary has lobbied for more funding for the VA's Homeless Veterans Programs. The Secretary's efforts have resulted in $20 million in increased funding for the VA's Homeless Veterans Programs. Approximately $5.2 million of the $20 million approved will fund a new program in

which VA will administer grants and per diem payments to nonprofit groups and State and local agencies. On February 24-25, 1994, the VA will host a "homeless summit" in Washington, D.C. the first national conference on the issue of homelessness among veterans. The VFW Committee on Homeless Veterans and some Chair Officers will take part at the "summit."

The Committee met on December 8, 1993, and developed the following recommendations for the Council's consideration:

1. VFW Homeless Veterans Programs now in place and those contemplated for the future can only be effective in combating the national problem of homeless veterans as long as clear goals are set and effective direction from the national organization is established and maintained. The continued effectiveness of a working committee at the national level is dependent on its life span. Therefore, to be effective in the dissemination of information and the provision of guidance to Departments and Posts, the committee should be a "standing committee." Also the "body of knowledge" once attained by committee members should not be subject to a rapid turnover of committee members. This would be disruptive to the continuing business of the committee. Therefore, it is this committee's recommendation that should a national committee on homeless veterans be established, its members should serve term of not less than two years. It is also recommended that a representative of the Ladies Auxiliary sit on the committee as a voting member.
2. The committee recommends that the national organization encourage Departments to assign a Department Chairman for homeless veterans. In lieu of a Department Chairman a Coordinator could be appointed by the Department Commander if there are no existing Department programs for homeless veterans. The Department Chairman or Coordinator would work with community groups and other organizations in focussing on solutions to the problems experienced by homeless veterans.
3. The committee recommends that Departments and Posts be encouraged to affiliate with existing local programs and with VA programs that provide assistance to homeless veterans.
4. During the infancy of any national coordination or program that is to be established the committee recommends that VFW efforts, through its Departments and Posts, be focused on Stand Down type events. To date, this program appears to be the most viable approach for across-the-board involvement and the easiest to access. This does not preclude the development or continuation of other programs that are deemed beneficial by Departments or Posts.
5. The committee recommends that a source-book of information (loose leaf binder) on homeless veteran assistance be established. The source-book will be developed at a later date and provided to Department Chairmen or Coordinators. The source-book would serve as an initial data base that can be tailored by the individual Department to meet their own needs. Program models contained in the source-book should be diverse enough to enable Departments to initiate limited though extensive involvement.

Mr. Chairman, once again on behalf of the entire membership of the Veterans of Foreign Wars, I wish to thank you for inviting us to play a role in today's important hearing. We strongly wish to continue to work together with you and this committee to strengthen and preserve veterans' programs. I would be happy to respond to any questions you may have.

STATEMENT OF PRESTON M. TAYLOR, JR., ASSISTANT SECRETARY FOR VETERANS' EMPLOYMENT AND TRAINING, U.S. DEPARTMENT OF LABOR

Mr. Chairman and Distinguished Members of the Committee: thank you for this opportunity to address the serious problems facing homeless veterans in this Nation, and what we are doing to alleviate this situation. I believe the Veterans' Employment and Training Service (VETS) of the U.S. Department of Labor has a unique vantage point regarding the problems and needs of homeless veterans, particularly their employment and training needs, and what works to meet those needs. We in VETS would also like to thank the Chairman and members of the Committee for their continued interest in, and effort to resolve, the plight of America's homeless veterans.

Our unique vantage point stems from administering a program for homeless veterans for the past six years under the Stewart B. McKinney Homeless Assistance Act. Our program is called the Homeless Veterans Reintegration Project (HVRP).

The mandate given to the Assistant Secretary for Veterans' Employment and Training under the McKinney Act is to develop an effective means of "reintegrating homeless veterans into the labor force." Assisting homeless veterans to fully re-enter the labor market is a significant challenge. Obtaining meaningful employment in the civilian sector is a major factor in restoring the dignity and a sense of worth in our homeless veterans--essential qualities which are necessary in bringing them back into the mainstream of society.

In pursuit of this objective, VETS awards grants, through the competitive process, to State and local governments and nonprofit organizations. Under the grant program, grantees are given flexibility to provide the mix of supportive and employment and training services to accomplish the task of reintegration of homeless veterans.

The success of this demonstration project to date makes it a viable model for serving homeless veterans and returning them to the mainstream. What makes the program work is a design built around three main elements:

First, OUTREACH is done by our grantees to provide homeless veterans with information about the program and encouragement to avail themselves of its services. This outreach is performed in our program by former homeless veterans. They can identify with the veteran as a veteran because they know exactly what being homeless means.

The second element of the program is that it is EMPLOYMENT-FOCUSED. Our program is built upon the recognition that a homeless veteran needs to become self-supporting in order to obtain permanent shelter. Some may need short term jobs to get back into the work routine, others may need retraining to polish or upgrade their skills, and still others may need nothing more than stabilizing their immediate environment so they can go to work. Job counseling, resume preparation, on-the-job training, job search techniques and job development and placement are among the services provided by our grantees.

The third element of the program is LINKAGES with other service deliverers who can provide support such as housing, education or training benefits the veterans are eligible for and entitled to, work clothes and tools, and treatment for substance abuse or Post Traumatic Stress Disorder, problems that hinder recovery. The Local Working Committee (LWC) that we require to be formed by each project operator, is the agent for coordinating this necessary support with other agencies. The LWC's are comprised of state, Federal, and local agencies and organizations involved with the homeless or veterans. Through the LWC's, our project operators gain access to job placement and training resources available from such agencies.

The Homeless Veterans Reintegration Project has had a positive impact on a great many of the lives of the over 25,000 veterans it has served. Among those agencies that have operated HVRP's directly, or as subgrantees, are veterans' organizations such as the "Vietnam Veterans of San Diego" and the "Swords to Plowshares" organization in San Francisco as exemplified in the recent report of the "Speaker's Task Force on Homelessness." Private Industry Councils (PIC's) that administer Job Training Partnership Act resources are also among the grantees and operators. One such grantee is the North Valley Private Industry Council (NOVA) in Sunnyvale, California, which was visited by President Clinton and Secretary Reich as an example of demonstrated excellence of our program and others which NOVA operates.

The programs mentioned above are located in major urban areas. We also set aside some funds in FY 1993 for six demonstration projects in rural areas to better determine the best ways to provide services to homeless veterans outside major metropolitan areas. In such areas, homeless veterans may be especially hard to reach, supportive services may be lacking, and transportation barriers can be formidable. We expect to obtain much valuable information as a result of these six projects, which information we will use to profile the rural homeless veteran, and to develop the most effective methods of meeting his or her needs.

During the first five years (fiscal years (FY) 1988 through 1992) our HVRP grantees have served 25,837 veterans and placed 10,608 into jobs. This was accomplished with a funding level for the first five years of $2.0 million or less each year and an average of 15 grantees nationwide during that period. The HVRP program was reauthorized in 1992 to continue through FY 1995 under the "Homeless Veterans Comprehensive

Service Programs Act of 1992" (Public Law 101–645). At the present time we have 26 grants in urban areas and 6 in rural areas at a total funding level of $5.055 million.

In addition to the HVRP projects described above, the Veterans' Employment and Training Service has actively supported the three-day events known as Stand Downs originated by the Vietnam Veterans of San Diego. The Stand Down events provide a variety of services to homeless veterans in one location. VETS was the first agency to commit funds to provide on-site technical assistance to organizations in other geographic areas that wished to stage such an event in their locale. The Department of Labor, through its State Employment Service Agency grantees, participates in the Stand Down events by ensuring the participation of Disabled Veterans' Outreach Program (DVOP) Specialists and Local Veterans' Employment Representatives (LVER). As you know, these personnel are staff members of the individual Job Service Agencies and as such bring to the Stand Down events the employment services that are essential to the success of the Stand Downs.

The Department of Veterans Affairs (VA) also devotes resources to Stand Downs with their array of services for veterans. Recognizing this kinship and common interest, we earlier formed with the VA, as members of the Interagency Council on the Homeless (ICH), a Stand Down Task Force to inform other Federal agencies on how they can contribute.

We recognize the ICH as a valuable coordinating entity. Secretary Reich represents the Department of Labor on the Council, and the policy members are from both the Department's Employment and Training Administration (ETA), and VETS. Meetings held by the Council for program managers are attended by staff members from both VETS and ETA.

Again, we are collaborating with the VA in their Assistance Fair for Homeless Veterans taking place today in Washington, D.C. We arranged for resources of the Job Service agencies from the District, Maryland, and Virginia, and our local District of Columbia HVRP program grantee, which is the D.C. Private Industry Council, together with the D.C. Coalition on the Homeless, our program operator, to be involved in the Assistance Fair. In addition, we are listed as a supporting organization for the VA's two day "summit" on homeless veterans taking place tomorrow and Friday in this city.

For obvious reasons, we see the VA as our primary partner in assisting homeless veterans, and the successful HVRP models all have good local ties to the VA resources in their area. We hope to forge even stronger linkages through national coordination between the two Departments in support of our respective programs in the field. We also see the need for close ties with the Department of Housing and Urban Development particularly, as well as other Departments such as Education, Health and Human Services, Defense, and all the member Departments of the Interagency Council. Close ties are needed to ensure that the service providers who are our grantees can coordinate easily with these agencies at the local level.

We realize that no one Agency or program stands alone in the homeless veterans area, but we are proud of our HVRP program and its accomplishments to date. We will continue our own efforts, and ensure the efforts of the dedicated staff of our grantees, to move homeless veterans into a stable environment, reassert their pride and confidence in themselves, and allow them to be contributors to our Nation's economy.

Thank you again for this opportunity to inform you of our continual efforts to solve one of society's most vexing problems: homelessness, and, in doing so, to assist those who so much deserve our help: our Nation's veterans. We look forward to working with the Committee and its staff in the pursuit of this goal, and we know that, together, we can most assuredly make significant progress in resolving this most difficult issue.

STATEMENT OF SHIRLEY S. CHATER, COMMISSIONER, SOCIAL SECURITY ADMINISTRATION

Chairman Rockefeller and Members of the Committee: I am pleased to have the opportunity to submit this statement relating to the problem of homelessness among the Nation's veterans. We share your concerns about men and women who have served their country and who have become needy and homeless. The Social Security Administration (SSA) is working with the Department of Veterans Affairs (DVA) and local community services organizations to deliver vital services to homeless veterans. I believe that our concerted efforts have been very successful in improving access to the full range of services available for homeless veterans. These efforts also demonstrate the effectiveness of working partnerships between governmental agencies

and local community organizations. We understand that as many as 30 to 45 percent of the homeless are veterans, and so it is especially critical that we respond to the needs of this group.

Introduction

Two programs administered by SSA—the Social Security and Supplemental Security Income (SSI) programs—provide cash benefits to eligible individuals, including homeless veterans. These two programs provide income that can be used by veterans for clothing, food, and shelter. But to receive these monthly benefits, applicants must provide us with evidence that they meet the requirements set out in law. This evidence is normally provided by the applicant or obtained from sources identified by the applicant.

Homeless individuals, most of whom have little or no evidence, often cannot help us identify other sources of information. Thus, the evidentiary requirements can become barriers to their receiving the benefits that could help them. Also, we often lose contact with homeless individuals while trying to gather enough information to make the eligibility determination.

In recognition of these factors, a number of years ago we began to look at ways we could more effectively address the needs of the homeless. Our outreach goals are to encourage potentially eligible people to file for benefits and to make the claims process more claimant-oriented. In partnership with government and community organizations, we are striving to reduce processing times and pay benefits faster. This is especially important for working with the homeless population because they change addresses often and are difficult to keep in the process for long periods.

Joint DVA-SSA Homeless Outreach Initiatives

Now, I want to address more specifically the projects we have been engaged in to help homeless veterans. By joining together we have been able to provide a wide range of integrated medical and social services, as well as income maintenance, to this vulnerable population. Our arrangement was formalized by an Interagency Agreement, which was signed by the DVA and SSA in August 1992. To date we have jointly developed several demonstration models for delivering benefits and services to homeless veterans and are testing them.

To date, we are testing three models in nine cities. We do have some early data on the model we started testing first—the New York/Dallas model, which began in New York in August 1991—and the preliminary results are very positive. We do not have any data yet on the other two models that we began testing later, but we are optimistic about their effectiveness. We will be pleased to furnish you with data and an evaluation of all three models as the information becomes available.

The New York/Dallas Co-Location Model

The New York/Dallas model provides the homeless veteran with the full range of DVA and SSA services at one location. We are testing this model using existing Federal and State personnel in New York City. The project is located at two DVA sites: a day treatment center in Manhattan; and a social rehabilitation facility in Brooklyn. SSA employees and State disability examiners from the New York Disability Determination Services (DDS) work several days a week at each site as part of a team with DVA clinicians to take and process Social Security and SSI benefit applications. The SSA employees take applications and determine whether nonmedical eligibility requirements are met. The State disability examiners obtain and evaluate medical evidence and, with physicians or psychiatrists, participate in making disability determinations.

The DVA has hired a social worker at each site to coordinate this project. The coordinators screen veterans for nonmedical eligibility, schedule interviews, provide valuable evidence about veterans' physical or mental conditions from social workers or others who have expert knowledge, and help the DDS gather the necessary DVA and other medical evidence of record. In addition, the DVA has hired or soon will hire a psychiatrist or psychologist for each site. In a majority of the claims, the coordinator schedules psychiatric or psychological examinations, which the DVA performs very early in the process and which shortens the total process considerably.

A similar co-location model has been operating in Dallas since November 1991. SSA field office and state DDS personnel are outstationed 2 days each week to work with the DVA coordinator and the other clinicians. Again, the project is working out of two

sites: the DVA hospital in Oak Cliff; and a city-operated multi-service center in downtown Dallas.

The DVA is evaluating the joint SSA-DVA initiative through its Northeast Program Evaluation Center in West Haven, Connecticut. The evaluation will incorporate data from many sources and will focus on improvements that can be made in the process to better assist individuals as they try to escape the cycle of homelessness.

Although this evaluation is not completed, preliminary evaluation data reported by the DVA show that the co-location model is showing positive results.

- Data through November 1992 show that the SSA-DVA initiative has caused a significant increase in the rate of Social Security and SSI applications filed within 6 months after veterans enter the treatment program or before they are discharged from residential treatment. Since the joint initiative began, 26 percent of the 2,874 veterans seen at the New York and Dallas sites filed applications, compared with only 14 percent of the 2,322 veterans applications seen in the comparable period before the joint initiative began.
- The number of veterans awarded benefits increased from 27 percent before the initiative to 37 percent after the initiative was underway.
- The time it took to make a decision under the model was 63 days compared to 125 days for cases before the co-location model began.

Enhanced Coordination Model

In December 1992, SSA and the DVA implemented a model that was designed and developed by SSA and DVA personnel to improve coordination between SSA field offices, DDS's, and DVA homeless programs using locally tailored procedures. This model is operating in six cities: Albany, Denver, San Antonio, San Diego, Tampa, and St. Petersburg.

Disability Specialist Model

Our latest model, which began operating in Los Angeles in December 1993, also uses the co-location approach being used in New York and Dallas. But for the Los Angeles model, SSA combined the duties of a claims representative and a DDS examiner into a new, full-time position--a disability specialist. The specialist, located at the DVA Medical Center in West Los Angeles, works as part of a team made up of DVA doctors and clinicians. The teams provide a wide range of integrated medical and social services, including taking and expediting claims for Social Security and SSI. Data on this model are not yet available.

Veterans Who Are Substance Abusers

Our experience with all of the models has shown that a significant percentage of homeless veterans suffer from substance abuse. The law requires that people receiving SSI disability benefits who are disabled due to drug addiction or alcoholism must accept treatment for their addiction, if it is available, in order to receive benefits. In addition, they must be monitored to assure that they are following treatment, and their benefits must be paid to a representative payee.

An important aspect of the Los Angeles model described above is the handling of treatment and representative payment for substance abusers. We are in the process of awarding a contract to a private, nonprofit organization to provide representative payee services to project clients. The organization will provide financial management counseling and assistance as well as a full range of case management services. The DVA will provide treatment of the drug or alcohol addiction. The organization serving as representative payee will become part of the treatment team. In addition, the DVA has agreed to serve as the reporting and monitoring agency.

There have been problems in the past in administering the SSI provisions requiring treatment referral and monitoring of people disabled by drug addiction and alcoholism, and it is also difficult to find representative payees for these individuals. We think that this project will help us deal better with these difficult problems in the case of veterans disabled by substance abuse.

Conclusion

We believe that SSA, the DVA, and community services organizations are working together effectively to improve access to both SSA's monetary benefits and the DVA's medical and social services for many homeless veterans who would not otherwise be

helped. I hope that as we obtain more information from the tests of the three models and analyze the results, we may be able to make further improvements in our procedures for helping homeless veterans. Mr. Chairman, we will be pleased to share the results of our ongoing efforts with your committee.

STATEMENT OF RON E. ARMSTEAD, M.C.P., L.S.W., HOMELESS PROJECT COORDINATOR, VETERANS BENEFITS CLEARINGHOUSE, INC.

This testimony aims to inform thinking about homeless veterans issues. The first section relies on data provided by the Homeless Veterans Reintegration Program (1990-93) to describe the Veterans Benefits Clearing house, Inc. (VBC's) role in terms of outreach, homeless services, client characteristics, numbers served, inter-organizational agreements, and level of funding support. Section two discusses some highlights of the Congressional Black Caucus Veterans Braintrust testimony that focused on African American homeless veterans and health care issues. Section three reviews empirical data on three community based organizations (CBO's) over the past two decades as a self-help model, with particular attention to their role as a local affordable housing developers. It draws heavily on case study research conducted at Massachusetts Institute of Technology (MIT). Section four draws insights from the draft preliminary report of Massachusetts Operation Stand Down 1993. Section five conclusions about CBO's as homeless and social service providers, and finally section six recommendings for future policy formulation and homeless veterans outreach program development.

SECTION ONE: VBC/HVRP RETROSPECTIVE 1990-93

The Veterans Benefits Clearinghouse, Inc. (VBC) is a nonprofit community based organization, located in Boston, Massachusetts. It was founded in 1977, by Vietnam era African American veterans to provide supportive counseling and social services to veterans. As an outgrowth of the Veterans Club on the campus of Boston State College it's incorporation within the Commonwealth of Massachusetts was based on the following observations: (1) veterans college drop-out rate; living in cars, on drugs and alcohol, overrepresented in mental and penal institutions; nations highest divorce rate; and high suicide rate in terms of single car accidents. Further, Vietnam era veterans had nobody to advocate for their needs. The VBC has continued to grow the last (16) years providing extensive and comprehensive counseling, training, housing and support services needed to help veterans make the adjustment from military life to mainstream society or productive membership of their communities.

The VBC is located in one of Boston's most economically depressed, inner city neighborhoods. VBC serves a 'varied population" approximately 80% are male and 20% female; the majority are adults, and youth comprise approximately 18% of the client population; 78% are African American, 18.5% Hispanic, 2% White and 1% other. VBC estimates that 66% of their client base are homeless, or live in conditions of overcrowding or substandard housing. Veteran clients seeking services and assistance from the VBC a state funded veterans outreach center are often struggling to stay housed and are at risk of homelessness continually. Direct services are provided to approximately 2,500 people annually, free of charge.

The staff at VBC are well qualified to provide homeless services. VBC's major asset is it's staff, management and community location. VBC staff consist of males and females, veterans and wives of veterans, full and part time staff and consultants. The staff's cultural diversity reflects the ethnic diversity of the City of Boston's population which it serves. (i.e. African Americans, Hispanic's, Cape Verdeans, Women and veterans family members.) All staff members are encouraged to continue their education and training. VBC recognizes how important it is to upgrade the staff's skills levels, and has included staff development as an essential part of its basic philosophy.

Another unique feature of the VBC staff is it's experience in serving hard to reach, ethnic minorities and female veterans. Unlike many other veterans service providers, VBC focuses on Boston's "high risk veterans population," who live in the Roxbury, North Dorchester, and Mattapan areas of Boston. VBC not only serves this population, but is open to all eligible veterans. The majority of the veterans served by VBC have had little to no positive contact with any Department of Veterans Affairs (DVA) or affiliated facilities since discharge. In this capacity, VBC views its role as being a vital link to bridge the gap between the disenfranchised, disadvantaged, isolated, minority

veteran and the goods and services needed to become a well adjusted contributing member of society.

The Veterans Benefits Clearinghouse, Inc. Homeless Veterans Reintegration Program (HVRP) has provided direct services to approximately 775 homeless veteran enrollees over the past three year period (1990-93). Although VBC had been the major sub-contractor for HVRP/Boston for a period of three years, after the final year 1993 it was not refunded. HVRP and Stand Down combined have helped approximately 1405 homeless veterans between 1990-1993. The VBC program operated as a contract grantee for the city of Boston through a grant from the Department of Labor Veterans Employment and Training Service (VETS). Funding was provided under the Stewart B. McKinney Homeless Assistance Act of 1987. The McKinney Act established HVRP and designated the Department of Labor's Veterans Employment and Training Service as the agency responsible for the program.

VBC as the sub-contractor for the HVRP program over the past three years has contacted approximately 3,000 homeless veterans in Boston: approximately 97% were male and 3% female; the majority were Vietnam era veterans who comprised 60% of the overall population; 52% were white, 43% African American, 4% Hispanic and 1% other. VBC estimated that for the 3rd quarter of FY 1992, 24% of its clients were female. Further, over the course of 1993 VBC provided supportive services to an increasing number of homeless women veterans. These homeless women veterans were drawn from a variety of referral sources such as Rosey's Place, the New England Shelter for Homeless Veterans, Bostonian Chamber Shelter, Women's PreRelease Center, etc.. Among these homeless there is a high rate of women veterans with children. Unfortunately, affordable housing remains a major problem homeless women veteran with children. In addition, many are living in overcrowded or substandard conditions. Our present caseload indicates that a significant number are on Aid for Dependent Children (AFDC), which means that they are not working and cannot afford market rate rents. Subsequently, HVRP services to homeless female veterans, typically were food, shelter, then employment. Homeless women veterans housing referrals have been channeled through the Quincy Public Housing Authority, because of their adherence to veterans preference or Chapter 200 . Yet, Dr. Majorie Robertson states, "to little information is known about homeless female veterans."

More importantly, over the course of three years the VBC had taken the opportunity to strengthen homeless veterans outreach and job placement services by establishing a series of informal outreach relationships and out-stationing an outreach person. The New England Shelter for Homeless Veterans (NESHV) was one those informal outreach relationships, whereby VBC funded a person on-site for outreach purposes. However, within the context of this informal outreach relationship there were persistent problems of staff turnover, and more complicated issues concerning organizational accountability, service capacity and program management of client characteristics reporting, record keeping, housing versus employment referrals, and case management.

(Special Note: Although the NESHV is the only shelter specifically for homeless veterans, its limited capacity of 100 beds per night and an yearly average of 720 homeless veterans per year leaves approximately 60% to 70% of the homeless veterans population residing in other local non-veterans specific area shelters. According to Dr. Russell Schutt's research on Boston's Homeless Veteran has confirmed that the percentage of veterans by shelter is as follows; Shattuck 24%, Night Center 44%, Long Is land 33%, and Woods-Mullen 30%.)

VBC's referral network was/is impressive and comprehensive. In addition to it's unique agreement with NESHV, it shares referrals between day and evening training programs with Action for Boston Community Development (ABCD). The agreement to share referrals enables VBC to maximize on publicity efforts and strengthen the overall scope of outreach efforts. The HVRP of Boston had established a large number of linkages with other service providers. All of the linkages were informal or non-written agreements, but reciprocal and ongoing. All linkages were referral and services oriented in nature and formed a broad-based network of support for veterans. (i.e. shelters, human service organizations, homeless care providers, etc..)

By doing this VBC's intentions were designed to outreach more homeless veterans through collaborative and cooperative approaches, integrating services, matching of veterans and programs, effective scarce resource management and last, but not least follow-up. This approach in theory and practice was developed to provide homeless veterans with more support, greater access, increased services levels and more positive

outcomes. The VBC city relationship served as a complement for providing a gateway for veterans to access a wide range of city services-many expressly designed for the homeless through the McKinney Homeless Assistance Act. Thus, Boston's Job Training and Human Services funds could direct VBC's homeless veterans into a wide array of skills training, adult education and other McKinney support services. Equally important, through Boston's Emergency Shelter Commission, the VBC has access to all city services for the homeless including supported housing services, health care, transportation and other shelters.

Also, VBC was selected and served as a Local Recipient Organization (LRO) under the Federal Government's Federal Emergency Management Act. The act made funds available for emergency support to people such as the temporary unemployed, and other loss of means individuals.

Going beyond the standard boundaries of HVRP, VBC initiated a community education workshop series at the local Dudley Square Branch of the Boston Public Library during 1992-93. These community education workshops were designed to broaden the knowledge base of local homeless providers. Second, to facilitate the establishment of a cohesive network of veterans homeless service providers. Third, to heighten awareness of community service providers and employment related specialist toward the special needs of homeless veterans. The workshop series provided information on a wide range of issues concerning homeless veterans such as research, group counseling issues of minorities, Post Traumatic Stress Disorder (PTSD) and treatment, etc.. Cumulatively speaking, more than 100 professionals and lay-people attended and/or participated in these workshops. Workshop presenters were: Dr. Robert Rosenheck (Homeless Chronically Mentally Ill Veterans), Dr. Irving Allen (PTSD 1992), Dr. Russell Schutt, (Homeless Veterans in Boston), Dr. Majorie Robertson (Brother Can You Spare a Dime), Gloria Reid, MSW (Black Veterans Group Facilitation). Unfortunately, the biggest draw back to generating even greater interest and participation in the community education workshop series was VBC's inability to obtain accreditation or continuing education units (CEU's) for attenders. Primarily, Psychologist, Social Workers, Nurses, and the like who are required by state licensing law to upgrade their skills. Concurrently, the VBC began preplanning activities for Massachusetts Operation Stand Down 1993. (see section #4)

The VBC Housing Program, began in 1982 as a referral service for 200 to 300 homeless veterans and has since spun-off to become an independent housing development corporation known as VBC Development Corporation (VBCDC). In 1985, VBC formed VBCDC to address the issues of homelessness among veterans and the pressing need for affordable housing at the community level. Both VBC and VBC DC work as equal partners. While VBCDC develops, manages and maintains residential properties for high risk tenants." VBCDC's 18 unit single room occupancy, transitional housing program known as Hartford Manor, which opened in 1991. Other homeless veterans and their families are referred to VBC apartments, 30 units of permanent housing opened in 1991.

Both housing projects were designed to address the severe shortage of affordable housing in the inner city of Boston. Boston's former Mayor Ray Flynn stated, "the Veterans Benefits Clearinghouse has not just rehabilitated a vacant building, they are rehabilitating self-esteem for the residents... And we must insure that shortsighted state budget cuts do not threaten success stories like Hartford Manor or VBC Apartments." (Commitment & Compassion, ESC Boston's Comprehensive Policy for the Homeless, Winter 1991-1992). Also, VBCDC was nominated for the Fannie Mae Foundation Fifth Annual Maxwell Award of Excellence in 1992.

VBC DC data estimates approximately 65% of the VBC Apartments residents are veterans and/or family members of veterans. VBC Apartments are located in the Grove Hall section of Boston a predominantly African American community, where 30% of the residents are homeowners. The median income of the neighborhood is $10,773 and the median income level of apartment tenants is $6,600.

Section Two: Congressional Black Caucus Veterans Braintrust Homeless Testimony & National Research

The 1992 and 1993 Veterans Braintrust Forums on both "Homeless Veterans" and "African American Veterans Health Care," were timely and significant issues for national consideration. The workshops were also very successful in developing a framework for understanding the unique needs of African American veterans. Afterward, Congressman Charles Rangel (D-NY) brought to the attention of his

colleagues two of the nations greatest failings: (1) the plight of homeless veterans and (2) health care issues facing African American veterans, by entering statements on these issues and shortened testimonies into the Congressional Records of October 8,1992 and November 10,1993.

African American veterans both men and women, were the subject of concern during these Veterans Braintrust Forums, an event which Congressman Rangel, Chairman has sponsored for the past five years during the Annual Congressional Black Caucus Legislative Weekend. Numerous panels of witnesses have presented the hard facts and figures of African American veterans homelessness and health care concerns. Federal, state, and local officials have described various programs for veterans. However, most inspiring were the comments from veterans and community based organizations themselves. Some of whom are operating nonprofit self-help programs that are benefiting hundreds of their less fortunate former brothers and sisters-in-arms.

These Veterans Braintrust hearing themes were selected because they represented significant issues facing African American veterans. Yet, themes or issues were examined from a problem solving perspective or approach. As a strategic forum for African American veterans, community based organizations play the vital role of principal resource for framing issues. Also, for providing the impetus for a bottom-up view most often invisible to policy makers and legislative official. With respect to African American veterans this process provides amplification for their collective voices nationally. Additionally, it addresses the perception among African American veterans that they are not welcomed by the veterans services organizations (VSO's), which is of particular concern to the members of the Congressional Black Caucus Task Force on Veterans and the Veterans Braintrust. Congressman Rangel and others have requested that more outreach efforts from the VSO's be launched.

More importantly, however, African American veterans and their families make up one third of the African American population nationally; 17% of the total Post Vietnam veterans population; 48% of the Homeless Veterans Reintegration Program; 40% of the Department of Veterans Affairs homeless; and 50 to 60% of the Post Vietnam era veterans homeless population. (Not to mention, that African American women make up 30% of the military; although women only represent 4% of the veterans population, African American women veterans represent 17% of those now receiving services from the DVA)

As reported by virtually every study of the homeless, African Americans are 3 to 4 times more frequently identified among the homeless than one would expect from their representation in the general population. African Americans make up 8% of all U.S. veterans population according to the U.S. Bureau of the Census (1983). But constituted 36% of the veterans seen in the Homeless Chronically Mentally Ill program administered by the DVA in 1992.

Further greater percentages of African Americans were found among veterans of more recent war eras, mirroring the progressive increase in the presence of African Americans serving in the military during this century (US Department of Commerce, 1983)

Moreover, there are far more African Americans and, to a lesser degree, Hispanics among homeless Vietnam era veterans than among non-homeless veterans, as has been found in all major studies of the homeless (Tessler & Dennis, 1989). According to Tessler, "housing was the most frequently sighted need among Boston's study of the homeless. Yet, African American veterans affordable housing needs appear more closely aligned and interrelated to those of Boston's larger African American community. These issues include, but are not limited to the following: (a) protection against redlining; (b) lending bias; (c) steering tactics; (d) nonavailability of credit; (e) home loan refusals, (f) high unemployment and underemployment; (g)lack of affordable housing units and low vacancy rates; (h) limited amount of rental subsidies; (i) Housing discrimination, etc.. Further, Boston's homeless research revealed the following three major problems about the homeless population. According to the research (1) residential instability after shelter care; (2) lack of job training for employability; and (3) the need for case management supervision. Other findings involved the length of stay in the shelter setting and its correlation to mental health deterioration.

Section Three: Massachusetts Institute of Technology Case Study Findings & Conclusions

The Massachusetts Institute of Technology (MIT) case study examined the premise that community development offers a window of opportunity for black Vietnam era veterans to become integrated into the community setting. Further, the case study proposed that homelessness and housing development provide both conflict and opportunities, and to a large degree a critical transition point for community based organizational development.

The three organizations studied were started by black veterans as nonprofit groups in the northeast section of the United States. Each was organized as a response to the need for bringing services into their respective communities. These organizations proved to be efforts by black veterans to re-connect with community life. They represented symbolically the untapped human capital and capacities contained in various black communities around the country. Harnessing and focussing anger in a positive direction and on behalf of the communities they reside in. They also performed a vital role in the leveraging of additional resources to the black community. Driven by the dual phenomenon of rising homelessness with significant numbers being single male veterans on one hand, and disproportionate numbers of African Americans on the other, lead to these groups prioritizing affordable housing as a critical issue. Thus, a widow of opportunity has been created in which these particular groups have seized the initiative toward helping the homeless and those at high risk of becoming homeless. A by-product of this has become the expansion of the supply of affordable housing and relieving some of the overcrowding presently being experienced in the black community.

The study found that all three of the veterans backgrounds were rooted in community organizing and organizational development. Thus, community organizing was the springboard toward approaching the problems of black veterans from an organizational and structured point of view. All mentioned they saw community organizing and serving black veterans as a continuation of their efforts at addressing community problems. Overall these black veterans report they organized because of felt need, and not because of positive veterans group identification.

Perhaps, the most important subtheme in the three organizations was that of black male leadership. Each being organizers, founders and the directors of respective organizations for the past 10 years. Additionally, their human capital and capacities (i.e. vision, leadership, skills, commitment, dedication, and values, etc..) in order to enhance outcomes for veterans, families and the black community at large.

Yet, the immensities of organizing and sustaining organizational development or growth within a black context and without former models have not been fully documented. In reality, race and veterans issues are not everyday political or social priorities. Thus, organizing specifically around black veterans needs is slower and substantially more difficult. Another issue was the initiation and maintenance of racial and culturally specific programs, whereby black and other minority veterans are treated holistically and humanely. Also, the promoting of positive black male images and role models, who were also veterans, community activists, racially conscious and embracers of self-help and community empowerment philosophies.

The case studies illustrated another aspect of race as a salient variable in each affordable housing development project start-up time. Secondly, institutional racism within governmental agencies responsible for providing services. When combined with lower expectations of black veterans and no whites in visible leadership positions program implementation takes on an added dimension. Further, the case study acknowledged the implicit nature of racism within an inter-racial/organizational context.

Affordable housing development projects were an important milestone for each organization and a major organizational capacity builder according to the case study findings. The cases revealed that the three organizers report that they incorporated their housing development component as a separate entity. Housing development in each case has bolstered organizational capacity, assisted in the developing of track records and brought in millions of dollars in community development. Also, dramatically increased organizational capital and creditability.

All three case studies on the other hand acknowledged the cautiousness or hesitancy of black veterans to become involved and active. Organizers commented, "that the masses of black veterans always need tangible proof in order to foster interest and involvement; they are political aware, yet have personal problems and

limited knowledge of the system." Thus, are caught up in the everyday struggle to survive. Parenthetically, organizers also acknowledged that black veterans possess a wealth of knowledge, skills, and experiences. Although, the cases revealed organizers are guardedly optimistic about the prospects of motivating the homeless segment of the black veterans population. This optimism is buttressed through their organizational philosophies of self-help and self-determination, program designs emphasizing spirituality, meaning, basic skills, support networks, job maintenance and housing with dignity. Moreover, defined as holistic and humanistic approaches to meet concrete needs.

Further, the case studies evaluated all three organizations in terms of their feeling and desires to plan comprehensive ongoing organizational development strategies. None had a strategic plan for significantly increasing their organizational capacity or economic development... in order to wane themselves off of governmental and private foundation assistance and toward financial independence.

Conclusions

The MIT case study began the process of strategic planning in that it offered these veterans an opportunity to brainstorm, exchange ideas, reflect, document and project into the future. One of the most significant conclusions of the case studies was each veterans strong desire to engage in capital or economic development planning. All three recommended that a comprehensive planning effort, beyond their own scope, should be mounted to address the continuing uncertainty surrounding governmental and foundation funding. In addition, a case study typography was extrapolated for the purpose of building a model for replication in other parts of the country. Further, as a consequence of documentation and discussion the following conclusions were reached:

Strategies

In terms of strategies for affordable housing development, black veterans (CBO's) compared favorably with the average community development corporation (CDC). *Although, veterans benefits and entitlements were not apart of the tactics and strategies for leveraging housing acquisition and rehabilitation projects.* Veterans disproportionate representation among the homeless single male population was used effectively to advocate the need. *There was no data contained within the case studies themselves that would suggest that veterans benefits and entitlements (i.e. home loan guarantees. etc..) played a role either directly or indirectly in securing financing. Nor. was it indicated they served as a magnet to attract significant financial consideration.* Consequently, veterans housing initiatives cannot be considered the exclusive housing domain of the veteran needy in certain instances. However, according to the CBO's every consideration will be given to veterans and their families for preferential status in applying.

Furthermore, the strategy of linking veterans untapped resources collectively and creatively with traditional financing did not manifest itself. At the present very little information is available on economic integration of veterans benefits and entitlements within the black community. Nor is there any case study documentation on utilizing veterans benefits/entitlements cooperatively and creatively for community or economic development. While black veterans hidden economic resources stemming from military service can be viewed in many instances as non-working capital it seems to be worthwhile for black and minority communities to explore making veterans benefits/entitlements for community development a part of their overall strategy.

Tactics

The ongoing meeting process was the central tactic utilized for ushering in housing development projects. However, other tactics employed were official site visits, letter writing campaigns & telephone call-ins, political intervention and support at two levels: state & federal. Effective use of legislative caucuses and legislative initiatives earmarking funding on a non-competitive basis. Resource development in the form of technical assistance were also tactical considerations in the formulation of the housing development packages. *Architectural and engineering services were generated in lieu of cash, or payment on delivery of services. In this regard relationship building became a critical tactic in the process.* Although somewhat of a risk for professional service vendors, the benefits more than outweighed the risk by virtue of the CBO's holding the buildings as equity. Other factors such as perseverance, patience, determination, however, intangible were no less important in terms of the overall process and final housing outcomes.

Section Four: Draft Preliminary Report Massachusetts Operation Stand Down 1993

This portion of my testimony focuses on homeless veterans from the community perspective and Stand Down (SD) as a statewide community planning process. Primarily incorporating multiple community/city based information into a statewide framework proposing both short-term and long-term social benefits. The testimony is committed to fostering greater understanding of social action oriented responses and practical solutions for empowerment of homeless veterans. It represents a multi-dimensional view of: community, planning and draws from a statewide perspective on veterans homelessness. Yet, it proposes a community planning model and statewide outreach/support network approach to redress the growing problem of homelessness among veterans across the Commonwealth of Massachusetts. Further, this testimony also discusses: data collection difficulties; the role of VBC as lead agency; planning and development issues; SD as a capacity builder, its theory, our findings and outcomes; and finally recommendations in terms of the need for community planning, long term coordinated and integrated services, design and development of future homeless service delivery systems and funding strategies or scenario's. (Example: A Blueprint for a Statewide Homeless Veterans Outreach Model Program)

According to Dr. Paul Camacho, Chairman of the SD Evaluation Committee accuracy on the number and characteristics of the homeless population is a problematic area for virtually all those affiliated with the social science fields. The transient nature of the population is one of the most significant factors. Levels of trust between any intervention worker and the homeless individual is another factor. Emergency shelter counts are perhaps the best source of data despite the fact that a number of the homeless refuse to utilize shelters. The federal census data procedures try and address this by including a subcategory entitled "visible at street locations" along with "emergency shelter for the homeless" in their "Group Quarters" universe. As the census report discussion notes, the quality of the data is also based on variables which include the number of individuals collecting data, the amount and quality of their training, etc..

However, the general lack of accurate and/or in-depth data regarding the extent and nature of homelessness amongst veterans, coupled with significant data collection problems have profoundly complicated the development of our conceptual framework for understanding the issues of homeless veterans. More importantly, the formulation of policies aimed at enhancing the plight of homeless veterans. Thus, it is important to begin the process of reexamining the cause of data collection problems, in order to piece together a mosaic picture of the Commonwealth of Massachusetts homeless veterans population. Thus, statistical reporting of veterans homeless data is plagued by inconsistency, lack of coordination, decentralized collection and tabulation, and finally multiple interpretation. Nowhere is this more evident than in its recording of the minority sub-population of homeless veterans. The result of the aforementioned statistical data collection problems is structural undercounting. Structural undercounting by definition means, " a systematic error relating to the accurate recording of veterans homelessness amongst and between the varying city, state, and Federal agencies responsible for the provision of services."

Despite, these and other data collection problems the SD steering committee, and VBC in particular relied heavily upon Dr. Russell Schutt's homeless veterans research data in Boston. Dr. Schutt's studies of homeless veterans utilizing the services of Boston's Long Island Shelter (1985). In addition to his subsequent follow-up research on Boston's Homeless Veteran confirmed that the percentage of veterans by shelter was as follows: Shattuck (24%), Night Center (44%), Long Island (33%), and Woods-Mullen (30%)... Given these facts the goal of Massachusetts Operation Stand Down 1993 simply put was to give and/or provide homeless veterans a weekend of safety and security where they could sleep in barrack style tents, receive nutritious meals, health care, clothing, substance abuse and legal assistance, job counseling/employment services and access to a wide range of supportive services.

In the case of Massachusetts, the VBC a community based nonprofit organization acted as lead agency, linking together public, city, state, and Federal Government agencies, as well as private corporations, etc.. During 1991, the VBC began the process of preplanning and organizing meetings, presentations and events for Stand Down in collaboration with more and more community based organizations, groups and governmental agencies around the Commonwealth. The 1993 Stand Down was the culmination of over a year and a half long planning process to recruit people,

resources, governmental agencies, community based organizations, corporate sponsors, national guard/reserve units and volunteers from a broad spectrum of the Commonwealth. This marked the first time such an effort had called forth the collective or cooperative working efforts of the veterans community toward the common goal of providing direct services to homeless veterans. Stand Down more importantly, stands as the only veterans event in the history of state, planned and implemented as a grass roots mobilizing effort directed toward integrating veterans services across organizational barriers and direct delivery of homeless services statewide.

This bottom-up, grass roots effort as a community outreach/recruiting process meant a substantial up-front investment of resources, time, energy, personnel and money. The VBC underwrote the Stand Down planning and development effort from its inception. But, secondly, the Stand Down outreach/recruitment model can be characterized as a statewide homeless veterans strategic planning effort to review multiple community needs, and give voice to service providers in and outside of the Boston Metropolitan area. Many, who have heretofore lacked access to information, resources, and program opportunities or support. Homeless care providers from Springfield, Greenfield, North Adams, Worcester, and New Bedford frequently stated, "that life just does not exist beyond Route 128." In addition, the Holyoke Soldiers Home was heavily criticized for closing down a wing of the facility, while community based homeless shelters were overflowing beyond capacity. Moreover, planning and organizing lead to outreach and networking efforts spreading from Boston to the southeast, throughout the western and central Massachusetts areas. More importantly, during 1991, 92, and 93 an estimated 25 Stand Down meetings were planned and convened across the Commonwealth to provide maximum exposure and information to veterans service organizations and other potential participants. An initial projected goal for outreach was 200 pre-registered homeless veterans, and Stand Down serving 300 homeless veterans at the actual event.

Between August 13th, 14th & 15th, 1993 over 630 homeless veterans officially participated in Massachusetts Operation Stand Down in Boston. Equally important, Massachusetts set a new national record for a first time Stand Down event. Homeless veterans came from all over the State and represented World War II through Desert Storm. Ages ranged from early 20's to middle 70's. Over 100 received housing services; 200 received legal services and 50 had minor criminal offenses cleared during a specially scheduled session of the Massachusetts Trial Court; 77 were able to connect with jobs; 170 received full medical examinations and 9 emergency medical services; over 2,000 articles of new clothing and pairs of shoes were distributed; 150 received haircuts; approximately 3200 meals and 9,000 cups of coffee and sodas were served; nearly 100 volunteers, mostly veterans themselves, donated all or part of their weekend to Massachusetts Operation Stand Down. Afterward, an additional 86 homeless veterans residing at the New England Shelter for Homeless Veterans enrolled for special Department of Motor Vehicle Registry services provided by Stand Down. (Special Note: Each veteran registered has been logged into a special Stand Down computer file with the VBC and/or other participating organizations in order to continue follow-up services.)

Section Five: Conclusions: Community Based Organizations (CBO's) as Homelessness and Social Services Providers

There are a number of successful projects in and around the country exemplifying community based nonprofit organizational self-help models effectively providing programmatic services to veterans. Several are in New York City (Black Veterans for Social Justice), Boston (Veterans Benefits Clearinghouse & Veterans Benefits Clearinghouse Development Corporation), Atlanta (Veterans Upward Bound & Atlanta Re-Entry Program), Los Angeles (Southern California Veterans Services Council)~~Milwaukee (National Association of Black Veterans), Seattle (Grunt House), and Chicago (Chicago Vietnam Era Veterans Family Assistance Program), etc.. offering supportive social services to an otherwise highly urbanized and maligned African American veterans population.

These CBO's have a strong commitment to improving homeless care and social services delivery within the African American community. More importantly, these CBO's often supplement services on the one hand, and target services on the other to meet the changing socio-economic needs of the urban, African American and veterans community at large.

Historically, these types of self-help institutions have persisted consistently from slavery to the present. In 1908 Dr. W.E.B. DuBois noted, "It is often asked the question, 'What is the Negro doing to help himself after a quarter century of outside aid?'" Later DuBois, conducted a large scale survey of Black self-help organizations to provide an empirical base for an 1898 Atlanta Conference on the topic, "Some Efforts of American Negroes for their own Social Betterment." The research findings revealed that the Black community has a distinguished tradition of self-help.

According to numerous studies these non-governmental support systems serve as 'mediating structures" to help individuals and families cope with and counteract adverse societal forces and social policies. More significantly, these mediating structures provide the bulk of the services received daily by most individuals and families. (Trotter Review) In this testimony the community based organization (CBO) is viewed as a non-governmental support system engaged in the direct delivery of services and continuum of care to African American and low income veterans. These community based organizations, function to meet special/basic needs, as well as parallel that of the Department of Veterans Affairs hospital network in the larger society. In many respects these CBO's are to the African American community, what the Non-Commissioned Officer (NCO) is to the military. Thus, CBO's as social service organizations form part of the African American community internal infrastructure.

After establishing this context for understanding the role and function of CBO's, we will briefly examine the CBO's basic strengths and weaknesses, implications for the future, and general observations. More so specifically, the African American veterans community based organizations numerous attributes, general CBO weaknesses, and professional observations in support of CBO self-help models, community assets, resources and recommendations Strengths of CBO Self-Help Model

Community based organizations offer an array of attributes for the provision of primary, secondary and tertiary care to African American homeless veterans within the urban setting. One, voluntary and paid staff. Two, a combination of both informal and formal kin-friend networks and social linkages. Three, a supplement to community development. Four, a track record and history of self-help organizing and institution building, plus experience at operating independently run organizations throughout many inner city neighborhoods. Five, lay (semi) and professional multi-cultural staff or care providers. Six, convenience and centralized community based locations. Seven, community creditability, standing and trust. Eight, effective outreach techniques, basic needs support and comprehensive referral services. Nine, social marketing skills of goods and services. Ten, a long term presence and commitment to minority communities.

CBO's Weaknesses

Generally speaking, CBO's weaknesses are seen as: not asking about veterans status; not making connections between veterans and community; inadequate understanding of the implications to community (example: parallels between veterans with PTSD and urban youth diagnosed with PTSD, Battered Wife Syndrome, also intergenerational similarities and variations); staff turnover, burn-out, and Lay status; insufficient employment development and placement resources/capacity; no targeted women veterans programs or community education/prevention programs; lack of affordable housing supportive services; and fund raising or revenue generating mechanisms to name a few. (Note: tradition veterans services organizations (VSO's) are viewed as lacking sophistication at the community level in the areas of: PTSD, employment, basic needs and supportive services programs; further lack focus, mission and commitment to provide wide range of social services; finally Lack organizational capacity).

Implications and Innovations for the Future

Although the existing DVA health care service delivery system is viewed as fragmented, insulated, segmented and compartmentalized, veterans advocates and community service providers ... Overwhelming evidence suggest DVA and CBO's should be linked/melded together for more effective homeless outreach and referral. Also, veterans advocates argue that under the existing structure DVA health care information is inaccessible in many instances to CBO's. However, point out that information exchange technology is available, and a linked computerized system approach should be pursued.

Conversely, CBO nonprofit managers report that continued expansion and/or establishment of DVA community based residential programs creates horizontal competition and not cooperation, nor enhanced coordination of the service delivery

system. Given the DVA's problems in maintaining quality hospital based care programs and initiatives... Second, ... since there is a shortfall of funding for veterans affordable housing development, limited housing stock and other resource deficiencies on one hand, and the need to expand employment and revenue generating opportunities on the other...

Another major problem is seen as the DVA's underutilization of CBO strengths and community assets. Example: CBO's ability to outreach hard to reach veterans populations such as the discouraged, alienated and maligned; community location, location, location to provide greater degrees of access; culturally diverse staff and management to enhance sensitivity; and finally, community organizing, networking, planning, advocacy and resource development skills to expand capacity.

Professional Observations

However, despite some negative observations, Dr. Erwin Parson, noted psychologist and author supports the CBO self-help approach "basically, the effective community based service agencies are those which not only address client's concrete needs head on, but seek to understand the community's help-seeking behavior; what the community sees as "problem"; how people see the process of resolution of those problems; the style of asking and receiving help, etc.. Because these organizations are within the communities where veterans live, near their families, friends, and familiar surroundings, the chances of needy clients utilizing available services are greatly enhanced."

Further, he points out that "the community based service agency is a beacon of orientation for many needy men, women, and children who are lost and distraught in the community. The agency's immediate, concrete interventions promote emotional health, social and economic competence, and improved psycho-social functioning for veterans and their families in the aftermath of psychological and social trauma/victimization."

Arthur Wright, founder of the Grunt House in Seattle, Washington painted what was perhaps the brightest picture of all. Mr. Wright said, "Black veterans have to eliminate obstacles by turning them into opportunities."

SECTION SIX: RECOMMENDATIONS

- Support Interagency Council on the Homeless "Nonprofits as Social Entrepreneurs concept for creating revenues and jobs strategies to help nonprofit agencies generate income for employment of homeless veterans by involving them in enterprise activities. (March 31, 1993, Newsletter Article)
- Review Targeted Tax Credits Programs for expanding its utilization within African American Communities
- Develop strategies to underwrite and finance cash poor nonprofit veterans community based organizations (CBO's) and veterans affordable housing development corporations.
- Convene a Department of Labor/Veterans Employment and Training, "National Homeless Veterans Employment & Training Summit" in conjunction with National Veterans Training Institute, located in Denver, Colorado
- Subcontract with Veterans Benefits Clearinghouse (VBC) to publish quarterly newsletter and serve as a National Clearinghouse/Resource Center for the establishing of a support network of nonprofit veterans Community Based Organization (CBO's) and Affordable Housing Development Corporations.
- Encourage and support Fannie Mae Colloquium funding for a National Veterans Housing Policy Forum Series in conjunction with Massachusetts Institute of Technology and William Joiner Center for the Study of War and Social Consequences at the University of Massachusetts-Boston Campus, in cooperation with the Veterans Benefits Clearinghouse, Inc.
- Investigate creative national homeless veterans program funding approaches such as "*income tax form check-off box donation.*" In addition, to collective economic approaches for veterans to pool benefits and entitlements together as leverage in order to break the cycle of homelessness.
- Full funding for Homeless Veterans Reintegration Program under the Department of Labor, Veterans Employment and Training Program ($14 million dollars FY95)

- Increase P.L. 102–590/DVA grant levels to veterans community based organizations for contracting outreach services and per diem; also, examine DVA state soldiers home development approach toward assisting community based organizations and affordable housing development corporations involved with addressing homeless veterans needs. (i.e. $.65 Federal & $.35 state funding match: then turns housing over to nonprofits, but afterwards pays per diem)
- Expand veterans housing supportive services to CBO's
- Develop specially targeted outreach programs and efforts for African American homeless veterans
- Improve Department of Veterans Affairs (DVA) success in complying with the Housing Improvement Act, which provides an opportunity for nonprofit groups to acquire foreclosed properties for homeless veterans. Further, consider modifying Resolution Trust Corporation (RTC) model for the conveying of property to nonprofit community organizations for homeless veterans housing. i.e. Contracting with VBC/CBO's as National Technical Assistance Advisors (TAA's)
- Establish Senate/DVA/CBO focus group on African American veterans and homelessness. As an appropriate response to discerning why African Americans are disproportionately represented among the veterans homeless population.
- Provide open access to Department of Veterans Affairs/Readjustment Counseling Service and other affiliated medical/health care facilities staff training and continuing education opportunities to Community Based Organization's, Community Mental Health Clinic's, Community Development Corporations, Veterans Service Organizations (i.e. National Service Officers); Sponsor joint staff trainings and collaborative continuing educational initiatives as part of public/private partnership arrangement.
- Initiate and fund Department Veterans Affairs national research on "race and homelessness among African American veterans," in collaboration with community based organizations as co-principal investigators.

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STATEMENT OF DENNIS H. KWIATKOWSKI, CHAIR, EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM

EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM
701 NORTH FAIRFAX STREET, SUITE 310
Alexandria, VA 22314-2064, May 3, 1994.

THE HONORABLE JOHN D. ROCKEFELLER IV
Chairman, U.S. Senate Committee on Veterans Affairs
Russell Senate Office Building, SR-414
Washington, DC 20510-6375.

DEAR SENATOR ROCKEFELLER: The purpose of this letter is to provide additional information to you regarding assistance to veterans through the Emergency Food and Shelter (EFS) National Board program which is administered by the Federal Emergency Management Agency. The recent Department of Veterans Affairs National Summit on Homelessness Among Veterans provided an opportunity to better understand the needs of homeless veterans and how Federal programs can best address them.

The National Coalition for Homeless Veterans is to be complimented on the extraordinary support provided on behalf of our homeless veterans. The testimony presented to your committee by Mr. Richard Fitzpatrick, Executive Director, National Coalition for Homeless Veterans provided innovative recommendations as to how Federal programs can assist in breaking the cycle of homelessness among veterans. In his testimony, Mr. Fitzpatrick stated that the EFS program provided less than 1/10 of 1 per cent of the total budget to veterans activities. He further states that a veteran representative should be designated on the EFS National Board and all local allocation

boards. I would like to clarify that statement, however, let me first provide some background on the EFS program.

The EFS program began in 1983 with a $50 million Federal appropriation (Jobs Bill, P.L. 98–8). The program was created by Congress to help meet the needs of hungry and homeless people throughout the U.S. and its territories by allocating Federal funds to supplement local efforts for the provision of food and shelter. The EFS program has continued through subsequent legislation yearly, and was authorized under the Stewart B. McKinney Homeless Assistance Act of 1987 (P.L. 100–77) . Since 1983 the National Board has allocated more than one billion dollars for emergency food and shelter aid.

As mandated by Congress, the National Board is composed of representatives from the American Red Cross; Catholic Charities, USA; Council of Jewish Federations, Inc.; National Council of Churches of Christ in the USA; Salvation Army; and United Way of America. The Board is chaired by FEMA with the United Way acting as Secretariat and Fiscal agent.

Local jurisdictions (usually counties or cities) with a minimum of 500 unemployed may qualify for an award based on their rate of unemployment or their rate of poverty. Each jurisdiction funded by the program must constitute a Local Board. Like the National Board, Local Boards are public-private partnerships which are composed of representatives of local organizations including, but not limited to those on the National Board, with a local government official replacing FEMA.

The Local Board convenes to determine the best allocation of funds to local food and shelter providers who address the jurisdiction's greatest needs. The National Board provides funding directly to organizations selected by the Local Board. The guidelines given to each Local Board stress the importance of judging all organizations applying for funding by common, consistent criteria to ensure fairness. The National Board also encourages Local Boards to place special emphasis on identification of and assistance to the elderly, families with children, Native Americans, and *veterans*.

Although some local providers receive EFS funds to serve only veterans, each of the thousands of funded providers serve veteran and non-veteran populations. Because the need is so great amongst both populations and funds are limited, most jurisdictions decide to fund non-veteran specific organizations so that more people can access the EFS funds. It is important to remember that these organizations are grass roots community groups delivering assistance to the homeless. They do not discriminate against homeless veterans, but are providing service to them on a daily basis.

Given that perspective, we believe that far more than 1/10 of 1 percent of EFS funds are provided to veterans and their families. In fact, the quoted figure represents organizations with the word "veteran" in their title. Last summer we asked EFS funded local providers to identify groups that they especially targeted for assistance. More than 70 organizations listed veterans and most indicated that Veterans were included in the overall population served.

We want to assure you and your Committee, that Veterans are participating on Local Boards around the country and are being assisted with EFS funds. I hope this information is useful. Should you have any questions or concerns, please contact FEMA's Office of Congressional and Governmental Affairs at (202) 646-4500.

Sincerely,

DENNIS H. KWIATKOWSKI, *Chair.*

STATEMENT OF RONALD W. DRACH, NATIONAL EMPLOYMENT DIRECTOR, DISABLED AMERICAN VETERANS

Mr. Chairman and members of the Committee: On behalf of the over 1.4 million members of the Disabled American Veterans (DAV) and its Women's Auxiliary, I am pleased to have the opportunity to appear before you today to express our views on the issue of homelessness among our veteran population.

Mr. Chairman, your decision to conduct this hearing today is indeed timely. First, the Department of Veterans Affairs (VA) is hosting a two-day "Homeless Summit" starting tomorrow which DAV will be participating in; and, the next issue of *DAV Magazine* includes an article on homeless veterans. A copy of that article is attached to this statement as is an article from our March 1993 issue of the *DAV Magazine*, when we profiled several homeless projects and former homeless veterans who are now coordinating or running homeless programs. [Copies of the articles are reproduced beginning at page 124.]

Mr. Chairman, while the number of homeless veterans continues to be high (estimated at 250,000 on any given night), we are encouraged by what we are starting to see. Not too long ago, the concept of providing services to homeless veterans meant providing only a temporary shelter so a veteran could seek refuge from the outside elements. That idea has grown to the point that many "shelters" are now providing a multi-disciplinary, holistic approach to treatment rather than simply providing temporary shelter and then putting the veteran back on the street.

We are also seeing where a veteran entering a shelter or program makes a personal investment, i.e. becoming part "owner" of the shelter and participating to ensure the shelter is run efficiently and effectively; being given jobs and training at the shelter; if afflicted with substance abuse, they must enter a rehabilitation program; and if employed, they must save part of their earnings. In short, veterans are being provided extensive rehabilitation services that help prepare them to reenter the mainstream of society.

We are seeing a change in attitude from one that perceives the homeless veteran as an emotionally disturbed substance abuser content to live on the streets, to a slowly changing one that recognizes these veterans can be helped if provided the right environment and services. Many shelters provide a menu of services and are becoming more and more involved in job training. Many of these veterans lack marketable job skills and at best, have a spotty work record, sometimes spanning 25 or 30 years.

Mr. Chairman, President Clinton and Secretary of Veterans Affairs Jesse Brown have placed a very high level of priority on the homelessness issue. Secretary Brown has appointed a homeless "czar" and is convening the "Summit" I mentioned earlier. He has several hardworking, dedicated staff who are devoted to providing meaningful initiatives and services to homeless veterans.

Earlier this year, the VA invited homeless service providers, veterans' service organizations and others to a meeting to discuss what should be included in new regulations necessary as the result of enactment of the "Homeless Veterans' Comprehensive Service Programs Act of 1992" (Public Law 102–590). This law, among other things, provides more than $5 million in the form of grants and may provide up to 65 percent of the cost of construction, renovation or acquisition of property(ies). The VA should be commended for including individuals considered experts in the field of service providers and grants management so as to fashion a program that is indeed workable. We urge them to continue similar dialogues and a policy of consumer inclusion.

Mr. Chairman, a year ago, at the request of President Clinton, Speaker Foley announced the formation of the "Speaker's Task Force on Homelessness." On February 2, 1994, Congressman Bruce F. Vento, Chairman of the Task Force, held a press conference to release the recommendations contained in the report of the Task Force. We were very pleased to see the level of interest and emphasis by the Task Force placed on the issue of homeless veterans.

Mr. Chairman, that report contains profiles of various homeless veterans service providers and many recommendations. Some of the recommendations such as "VA should appoint a homeless Czar," have been accomplished. Highlights of the Task Force's recommendations are:

- Transitional programs must be strengthened. For example, the Department of Defense (DOD's) Transition Assistance Program (TAP) and Discharge Planning Programs should be expanded. Making the transition from military to civilian life is difficult even when the economy is booming. Discharged military personnel need to be given the information and training necessary to successfully reenter civilian life.

- Programs must be developed to prevent veterans from becoming homeless. For example, the VA should either provide mortgage assistance or restructure home loans whenever possible rather than allow veterans to default on their home mortgage loans.

- General Accounting Office (GAO) is apparently examining VA's [medical] discharge planning program. Its report should be studied and necessary changes implemented as soon as possible.

Mr. Chairman, the DAV continues to assist homeless veterans in various ways. Since 1988, the DAV Charitable Service Trust has provided financial assistance as follows:

$127,464 - VA Homeless Chronically Mentally Ill (HCMI) programs.
$45,000 - VA Domiciliary Care for Homeless Veterans (DCHV).
$136,000 - Private shelter programs.
$29,700 - DAV chapter programs.
$338,164 - TOTAL

Additionally, the Trust donated almost $25,000 to purchase a van for the homeless outreach drop-in program at the VA Medical Center in New York City. The Trust also distributed more than 2,000 jackets to shelters providing assistance to homeless veterans during the 1991-1992 winter. More recently, jackets and sweaters were donated for distribution to homeless veterans through Operation Stand Down in Cincinnati, Ohio in September 1993.

The DAV has several programs beneficial to homeless veterans. In addition to providing assistance in filing, perfecting and representing claims, our corps of approximately 236 National Service Officers (NSO's) located in 69 offices across the country provide assistance to veterans and their families in obtaining medical care through the VA hospital system, provide help through our Older Veterans Assistance Program and offer other assistance through our many chapters and departments. They also provide information and service medical reviews at several TAP sites.

Several of our chapters and departments have established "soup kitchens" and provide a variety of services such as bus tokens and clothing through our thrift stores to homeless veterans. Also, with the help of funding from the DAV Charitable Service Trust, DAV Chapter 8 in Greeley, Colorado, is leading by example.

Chapter 8 in Colorado started its program about eight or nine years ago when they made a down payment on a house once owned by the University of Northern Colorado. The house needed to be renovated. Chapter 8 Secretary/Treasurer John Weidemann advises that "We then got some surplus Army double decker bunks, put in a shower and added a laundry room in the basement to provide a shelter for veterans who had no place else to go." This is an ongoing project and currently can house ten veterans. It is a collaborative effort between the DAV, VA and the Colorado Labor Department. No drugs or alcohol are allowed on the premises and like other homeless projects, they can boast great success stories. According to Mr. Weidemann, "One guy who got help from us sent us $100 a month for over a year once he got back on his feet."

The DAV Department of Maryland plans to fund the "Paul L. Thompson Learning Center" in conjunction with Maryland's Homeless Veterans Program. The Center, named in honor of DAV Past National Commander Thompson who recently passed away, will assist in providing educational training including instruction on computer software for homeless veterans which should greatly assist in returning them to productive and independent living.

The DAV Department of Indiana is planning to start a project titled "Far From Home Foundation" which is an Indianapolis based transitional housing project for homeless veterans.

Mr. Chairman, we have to bear in mind that there is no single answer to this multiple issue, societal problem, and all agencies, private and public, must be called upon to provide their expertise and respective services. If any one service provider fails to live up to their responsibility, the potential for success is diminished significantly.

A final thought, Mr. Chairman, deals with an issue of extreme importance to VA as well as the veterans. I am referring to efforts to reform the VA health care delivery system. One element of the reform effort of concern to the DAV is how well programs—we refer to as "special disability programs"— such as the various homeless programs will be addressed.

As VA prepares to enter an era of competitiveness, there is emerging a widespread fear that these types of programs may be isolated from "mainstream medicine" and, as a result, go unfunded. The effect, of course, would be the slow demise and ultimate termination of various programs.

Mr. Chairman, this must not be allowed to occur. The kinds of programs we refer to are the very ones many believe form the basic foundation of the VA: spinal cord injury, Post Traumatic Stress Disorder, Blind Rehabilitation, Prosthetics, homeless, as well as others.

While we agree VA needs to empower medical center directors with the tools and flexibility to manage their facilities, we don't want to see repeated with these programs what was almost the destruction of the VA's Prosthetic program a few years back when prosthetic funding was used to fund programs compatible only with the Director's priorities, not the system's nor veterans' needs.

Simply said, Mr. Chairman, when VA finds itself in a reformed system, a mechanism—such as centralized funding—must be in place to ensure the continuance, in a viable manner, of VA's special disability programs, to include, of course, VA's homeless programs.

Mr. Chairman, that concludes our statement and I will be happy to answer any questions.

Homeless veterans at the Detroit Veterans Center are looking beyond the horizon to resuming independence and gainful employment, says Darnell Maxwell, one of the program providers at the Center.

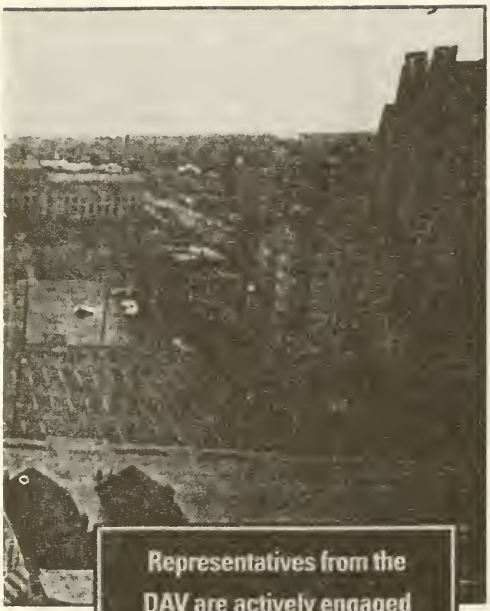
Detroit Homeless Veterans Program

HELPING STRUGGLING VETERANS

At its conception the Detroit Veterans Center was an ambitious homeless veterans project. Supported by a $1.8 million federal grant, the Michigan Veterans Foundation purchased a 13-story, 300-room hotel, an office building across the street and a 22,000 sq. ft. warehouse on the same block in downtown Detroit. After renovation, the hotel will eventually house up to 350 homeless veterans in barracks, dormitories and single rooms. The office annex or "Services Building" will provide homeless veterans with an array of services from VA veterans benefits counselors, educational and vocational rehabilitation specialists, mental health practitioners, alcohol and drug abuse programs, a physician and a nurse practitioner, and representatives of veterans service organizations, including the DAV. The warehouse will be used exclusively as a job-training center.

In December 1992, then Executive Director Richard Fitzpatrick characterized the Center as a "campus approach" designed for "one-stop shopping" for homeless veterans, bringing all the rehabilitative resources they need to one complex to help them restore their lives. Incorporating the employment components of the New England Shelter for Homeless Veterans (see "Treating Homeless Veterans: A Staggering Challenge," DAV Magazine, Feb. 1992, pp.12-17), the Detroit Veterans Center planned to be a comprehensive and practical program for homeless veterans. Then the reality of funding, staffing and operating such a far-reaching program set in.

While the Board did obtain the federal grant from the Department of Housing and Urban Development (HUD), the money may only be used for new construction and renovation of the existing buildings, not for operating expenses -- funds the Center desperately needs in its fifth month of operation. Only a few of the dozens of offices in the "Services Building" down the street are filled. Also, an underground gasoline storage container was discovered beneath the warehouse, an environmental hazard that will delay renovation and use of the building. And with only 31 homeless veterans at the Center — ranging from World War II to Desert Storm vets and including at least one homeless woman veteran — the program is far from its goal of 350. To defray costs, the Center opened up the hotel, formerly the



Representatives from the DAV are actively engaged in claims work and benefits counseling and making sure the homeless veteran is being given every opportunity to get off the streets and back on his feet.

Eddystone Hotel, to non-veterans at low rents.

"We're not a hotel, we're a program. But we need time, money and tender-loving care," says working Foundation Board member Jesse Correll, a strategic planner who has taken on some of the Executive Director duties after the departure of Fitzpatrick. Correll, other Board members and program providers at the Center have discovered that just as many homeless veterans are struggling to get back on their feet, programs designed to help them face struggles as well.

Despite the obstacles, the Detroit Veterans Center is providing effective programs and bringing in community resources — including the VA and VSOs — to help homeless veterans reintegrate themselves back into mainstream society. Alcoholics Anonymous and Narcotics Anonymous representatives hold

Former Homeless Veteran Helps "Turn Lives Around"

Psychological issues are the roots of homelessness for many homeless veterans.

"We're dealing with people with low self-esteem and low self-confidence. We have to find out what their needs and goals are, what they want to do with their lives. We then develop a treatment plan to help them do that and also refer them to the resources and social services they need to do that," says VA Vet Center counselor Clarence Sutton, 44, a Vietnam veteran.

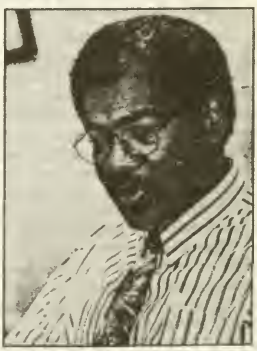
In addition to providing one-on-one counseling at the Center, Sutton holds open, unstructured group sessions on Monday and structured on-going groups focusing on personal issues on Fridays. "We talk about Post-Traumatic Stress Disorder (PTSD), loneliness, alienation, relationship problems as well as environmental issues like stress on the job," says Sutton.

Because he's a veteran who was raised in Detroit, became homeless partly because of some PTSD issues, and then pursued and obtained a master's degree in social work, Sutton says he's a good role model for Center clients. "I can empathize with them and they can empathize with me. I have to tell them the hard truth about life, but also that they can turn their lives around."

In helping Center clients do that, Sutton says he helps them focus on long-range career plans, rather than survival jobs at fast-food restaurants. "We have to focus on long-term goals, not just a job that's going to bring them back here," says Sutton.

With a staff of one, himself, how does he do followup and track the success rate of clients who leave the Center?

"From the moment a homeless veteran sits down here I'm doing followup. I have to make sure he meets his commitments on a daily basis, that he takes his test for a GED (General Educational Development) test for his high-school equivalency," says Sutton. He adds, "This is very individualized treatment, which the homeless veteran needs to be able to see the potential in himself."



Clarence Sutton, former homeless veteran.

meetings twice a week to address addiction problems, and both VA and VSO veterans benefits counselors meet with Center clients to discuss VA benefits and programs they may be eligible for. Importantly, representatives from the DAV are actively engaged in claims work and benefits counseling and making sure the homeless veteran is being given every opportunity to get off the streets and back on his feet. Also, Center staff are referring veterans to educational, employment, health and mental health resources at both the VA and in the community.

"What's currently in place?", asks Board President Sandie Wilson. "Rudimentary job training, job placement, counseling and alcohol and substance abuse programs."

Other positive dynamics of the program? Correll notes an "overwhelming commitment" by a diverse, talented Board, as well as giving "ownership" to the Center clients themselves, the homeless veterans.

"We've got both Board members and veterans here sitting on ad hoc committees — bylaws, fund-raising, operations, personnel, planning and programs committees. This is the homeless veterans' program. We want them to take ownership of it," says Correll.

Homeless veterans at the facility have also taken ownership through doing much of the "rehab" work — carpentry, electrical wiring and plumbing — themselves. For example, they've renovated the former hotel bar into a "day room" where Center clients socialize and hold group meetings on issues related to homelessness (see "Former Homeless Veteran Helps "Turn Around Lives,"" p. 9) Also, they help run their own programs, provide their own security and, as the "First Sergeant" of the facility, Darnell Maxwell, says, "stay involved. "To be here you have to take advantage of what's offered. These guys just don't sit around."

Recognizing the value of the Center's "self-help" approach and the program's need for assistance, the Disabled American Veterans is lending a hand.

Recognizing the value of the Center's "self-help" approach and the program's need for assistance, the Disabled American Veterans is lending a hand. The DAV Department of Michigan, for instance, has donated $5,000 as seed money, and Michigan DAV Chapters have donated close to $10,000. Also, Detroit National Service Office Supervisor Mike Walsh and his staff are beginning to take an active role in counseling Center clients on VA claims.

Walsh, an Army veteran who served in Vietnam, says homelessness in the Detroit area has become increasingly noticeable in the past four years, which he attributes to a declining economy in the Motor City. Indeed, during *DAV Magazine's* visit to the facility, a front-page article in the Feb. 9 issue of the *Detroit News* reported that the Motor City has become "the poor-

From left to right, DAV Department of Michigan Adjutant Leo J. LeRoux and State Commander Lowell G. McKeehan discuss progress at the Detroit Veterans Center with program provider Darnell Maxwell.

est big city in America." According to the U.S. Census Bureau, the article noted, one of every three Detroiters live below the federal poverty line or a yearly income of $12,674 for a family of four. Also, the Detroit area reportedly has some 5,000 to 7,000 homeless veterans.

To provide assistance, the Detroit National Service Office has referred homeless veterans to the Michigan Veterans Trust Fund for financial aid, and to the Allen Park VA Medical Center, two local VA Vet Centers and community social services for medical care and outpatient mental-health programs. "There are a lot of issues for homeless veterans that we can help them address, including Agent Orange exposure, PTSD and other mental-health conditions, and resources we can refer them to," says Walsh.

Also, Walsh notes that there are some 17 homeless shelters in Detroit that provide food, temporary housing and clothing for the homeless. "But homeless veterans," he says, "are looking for more."

To get "more" they take advantage of homeless veterans programs like the Detroit Veterans Center, where military experience, structure, self-help and veterans helping veterans are some of the operative words.

"Homeless veterans have little or no structure, no family or support system to fall back on. They need something beyond feeding and clothing," says Jack Adrian, a VA Veterans Service Officer in Detroit.

And although homeless veterans programs are facing financial struggles, with the support of organizations like the DAV, community resources, and federal, state and local government, they're persevering.

"The center will survive," says Wilson. "It may take longer and require some modifications, but it will continue to help meet the needs of the homeless veterans community." ■

Gordon Marvin

Homeless veteran Gordon Marvin, 45, who served with the Army in Vietnam in 1967, said "the economic situation hit me like many people in Michigan." Following the Detroit Veterans Center stress on veteran ownership, Marvin serves on the Center's committee on employment, helping other homeless veterans train for and find jobs.

HOMELESS PROFILES

James Agee

Homeless veteran James Agee, 49, chronicles a career of survival jobs and unemployment since he left the Army in 1964. A former assembly-line worker at Chrysler and a Karate instructor, Agee says he has been focusing on "job training" at the Detroit Veterans Center since it opened last October.

Floyd Wilson

HOMELESS PROFILES

"All of us had problems in our past. Now we're taking the time to look at ourselves and address our problems," says homeless veteran and Center staffer Floyd Wilson.

Wilson, 35, says alcohol and employment problems led him to the Detroit Veterans Center last year. After leaving the Coast Guard in 1977, he attended Delta College in Bay City, Michigan. Then, unable to find employment in his home state, he worked in Texas in such jobs as custodian, gas station attendant and security guard. He returned to Michigan, obtained an Associate of Arts degree in psychology in 1984, then worked at General Motors Cadillac Division until the plant closed in 1987.

After training as a pharmacy technician in Wisconsin, he returned to work as a pharmacist's aide at a private hospital in Royal Oak, Michigan. Since then, he says, he's been unable to secure permanent, full-time employment, suggesting that alcohol may have interfered with his goals. He then learned about the Detroit Veterans Center and its alcohol abuse and employment programs, which along with a sense of comradery at the Center, he says, have spelled success for him and other homeless veterans at the facility.

"Even with the fluctuations (in leadership) we've made some ground and veterans here are helping each other and beginning to put their lives back together."

Louis Stinson

Army veteran and former medical supply specialist Louis Stinson, 51, says he became "burned out" trying to support both himself and family relatives. He adds that he's currently in "step 1" of the program at the Detroit Veterans Center, doing community work in exchange for room and board. He also attends group sessions. "They give me insight on how to manage stress to keep an even keel on my emotions." He concludes that he hopes to get back into the mainstream workforce soon.

DAV Extends A Helping Hand

Since the mid-1980's, VA domiciliaries have been moving away from their "old soldier's home" traditions and towards a more active treatment model focusing on psycho-social rehabiliation.

As thermometers recorded sub-zero temperatures and snow blanketed much of the nation in recent months, the efforts of DAV members across America enabled homeless veterans to find a bit of warmth and a ray of hope.

While many DAV chapters, departments, and Auxiliary units have developed homeless veterans programs in their local areas, the DAV Charitable Service Trust has allocated nearly $340,000 to assist homeless veterans since awarding its first grant in 1988.

The majority of the grants awarded by the DAV Charitable Service Trust have gone to the Homeless, Chronically Mentally Ill and Domiciliary Care for Homeless Veterans Programs established by the Department of Veterans Affairs in 1987, according to DAV Charitable Service Trust Chairman William R. McCartin.

The VA's Homeless Chronically Mentally Ill Program emphasizes community outreach and provides time-limited residential treatment services through contracts with non-VA facilities. Case managers at each program site make regular visits to shelters, soup kitchens and other places frequented by the homeless to contact homeless mentally ill veterans, particularly those not receiving mental health services from the VA.

These veterans are then tracked by the case managers to facilitate their access to VA medical and psychiatric services and, in selected cases, are placed in contract residential treatment facilities. Case managers are also expected to continue to monitor the care of veterans during and after residential treatment to assure the veteran has continued access to services and involvement in treatment.

The Domiciliary Care for Homeless Veterans Program provides longer-term residential treatment and rehabilitation at VA medical centers, admitting many homeless veterans who were referred from other VA programs. This program builds on a century-old VA tradition of providing shelter to homeless, frequently elderly, veterans with either psychiatric or medical disabilities.

Since the mid-1980's, however, VA domiciliaries have been moving away from their "old soldier's home" traditions and towards a more active treatment model focusing on psycho-social rehabiliation. In recent years, as more emphasis was placed on shortening the length of hospital stays, VA domiciliaries have been increasingly used to facilitate discharge and community re-entry from acute inpatient programs.

DAV Charitable Service Trust grants have also enabled several DAV chapters to purchase and renovate residences to shelter homeless veterans. Two prime examples are DAV Chapter 8 in Greeley, Colo., and DAV Chapter 167 in Liverpool, N.Y.

"We got started in this about eight or nine years ago when we made a downpayment on a house once owned by the University of Northern Colorado that needed to be renovated," said Chapter 8 Secretary-Treasurer John Wiedeman. "We then got some surplus Army double-decker bunks, put in a shower, and added

A homeless veteran sits on 5th Avenue in New York City.

Photo: Mark Lennihan / AP

a laundry room in the basement to provide a shelter for veterans who had no place else to go."

Wiedeman said the home now can house 10 veterans in the basement and the upper floor is used by a county veterans service officer to assist veterans. VA psychiatric counselors from Cheyenne, Wyo., and Colorado Labor Department job counselors also visit the facility weekly to provide assistance. The veterans, who can stay at the house for up to 30 days, are fed breakfast and dinner each day.

"We have a strict policy of no drugs or alcohol allowed in the house, and the veterans have to be in each night by 10 p.m.," Wiedeman said. "Over the years, we've had some great success stories. One guy who got help from us sent us $100 a month for over a year once he got back on his feet. It's folks like that who remind us that all the work we do is well worth it."

DAV local assistance is not confined to the chapter level, however, as two projects advanced by the Departments of Maryland and Indiana illustrate.

In Maryland, the department is helping fund the Paul L. Thompson Learning Center in conjunction with the State of Maryland's Homeless Veterans Program. The learning center, which was slated to begin operation in February, is named after the DAV's first African-American national commander and tireless homeless veteran advocate. Among other services, the Paul L. Thompson Learning Center will assist in providing educational training, including instruction on computer software, for homeless veterans, said Department of Maryland Adjutant Tom Johns.

In Indiana, Department Adjutant Jim Powers has applied to the DAV Charitiable Service Trust for funds to assist in start-up costs for the Far From Home Foundation, a transitional housing project for homeless veterans in Indianapolis. Department of Indiana members have also been instrumental in raising funds and providing support for the project, McCartin said.

In Los Angeles, the DAV Charitable Service Trust awarded a $40,000 grant in April of 1993 to assist homeless veterans through the Salvation Army's Bell Shelter and Los Angeles Veterans Initiative, Inc. Several DAV chapters and units worked closely with Los Angeles DAV National Service Office Supervisor Bob Jordan to get that program underway.

"Every member of the DAV and the DAV Auxiliary can take great pride in what the DAV has done to help our nation's homeless veterans," said DAV National Commander Richard E. Marbes. "As we all strive to do more, let's remember that if circumstances had been different, any of us could have ended up homeless. That's certainly no way for any American veteran to have to live."

Homeless veterans, male and female, some families, enjoy the dinner provided by DAV Department of Indiana. Personal packages and clothing were also provided.

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